



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: September 1, 2018

SYMPTOMATIC BRADYCARDIA	
Adult	Pediatric
Signs & Symptoms	
<ul style="list-style-type: none"> • Hypotension • Acute altered mental status • Chest pain • Seizures • Syncope/near syncope • Shortness of breath • Pallor or cyanosis 	
BLS	
Assess vital signs O ₂ , titrate SpO ₂ to ≥ 94% Assist ventilations as needed	
ALS	
Cardiac Monitor, 12-Lead ECG, Waveform EtCO ₂ , Vascular Access	
HR < 50	HR < 60
<p>Atropine 0.5 mg IV/IO</p> <ul style="list-style-type: none"> • May repeat every 3 - 5 minutes • Max total dose 3 mg <p style="text-align: center;"><u>and/or</u></p> <p>Transcutaneous Pacing</p> <p style="text-align: center;"><u>SBP < 90</u></p> <p>Fluid Bolus NS 250 mL IV/IO</p> <ul style="list-style-type: none"> • May repeat as needed <p><u>If no response and patient on Beta Blockers</u></p> <p>Glucagon 1 mg IV/IO</p> <ul style="list-style-type: none"> • Given over 1 minute • No repeat <p style="text-align: center;"><u>Or</u></p> <p>Glucagon 1 mg IM/IN</p> <ul style="list-style-type: none"> • No repeat 	<p style="text-align: center;"><i>*Assure adequate oxygenation and ventilation</i></p> <p style="text-align: center;"><u>If HR remains < 60 despite oxygenation and ventilation</u></p> <p>CPR (for patients without signs of puberty)</p> <p>Epinephrine (1:1,000) 0.01 mg/kg IV/IO</p> <ul style="list-style-type: none"> • May repeat every 3 - 5 minutes <p style="text-align: center;"><u>Increased vagal tone</u></p> <p>Atropine 0.02 mg/kg IV/IO</p> <ul style="list-style-type: none"> • Minimum dose 0.1 mg • Max single dose 0.5 mg • Total max dose 3 mg



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Consider

- H's and T's
- Consider sedation with pacing
- **The majority of pediatric bradycardia is due to respiratory problems**

Direction

- Transmit ECG to Receiving ED
- Contact Receiving ED Physician for additional treatment