BRADYCARDIA
Heart rate <60 bpm and inadequate for clinical condition

2

- Maintain patent **airway**; assist **breathing** as needed
- Give **oxygen**
- Monitor ECG (identify rhythm), blood pressure, oximetry
- Establish IV access

3

**Signs or symptoms of poor perfusion caused by the bradycardia?**
(eg, acute altered mental status, ongoing chest pain, hypotension or other signs of shock)

4A

Observe/Monitor

Adequate Perfusion → 4

Poor Perfusion

4

- Prepare for transcutaneous pacing; use without delay for high-degree block (type II second-degree block or third-degree AV block)
- Consider **atropine** 0.5 mg IV while awaiting pacer. May repeat to a total dose of 3 mg. If ineffective, begin pacing
- Consider **epinephrine** (2 to 10 μg/min) or **dopamine** (2 to 10 μg/kg per minute) infusion while awaiting pacer or if pacing ineffective

Reminders
- If pulseless arrest develops, go to Pulseless Arrest Algorithm
- Search for and treat possible contributing factors:
  - Hypovolemia
  - Hypoxia
  - Hydrogen ion (acidosis)
  - Hypo-/hyperkalemia
  - Hypoglycemia
  - Hypothermia
  - Toxins
  - Tamponade, cardiac
  - Tension pneumothorax
  - Thrombosis (coronary or pulmonary)
  - Trauma (hypovolemia, increased ICP)

5

- Prepare for **transvenous pacing**
- Treat contributing causes
- Consider expert consultation