

**BRADYCARDIA/HEARTBLOCK
PROTOCOL**

Purpose: To provide a process for the management of the patient in bradycardia/heartblock. It may be used in conjunction with the Cardiac Arrest Protocol.

- M B S P**
- I. General Management Information**
- A. Utilize universal precautions.
 - B. Evaluate and maintain airway, provide oxygenation and support ventilations needed.
 - C. Assess adequacy of perfusion: level of consciousness, pulse, blood pressure, capillary refill, and signs of congestive heart failure.
 - D. Monitor EKG.
- II. Specific Management**
- S P**
- A. **If perfusion is inadequate (relative bradycardia):**
 1. Consider CPR.
 2. Consider intubation.
 3. Obtain vascular access.
 - a. Concurrently with intubation if necessary and possible.
- P**
4. **Medication Administration**
 - a. **Atropine** 1 mg IVP or ET (2 mg ET) in adult
 - 1) May repeat every 3 - 5 minutes to a total of 0.04 mg/kg in adult, max 3 mg.
 - b. **NOTE:** In pediatric patients, bradycardia is usually a result of hypoxia which must be corrected. **Atropine should be administered in bradycardic pediatric patients ONLY after Medical Control Contact.**
 5. Transcutaneous Pacemaker in adults, if available, may be started concurrently with IV placement or atropine administration.
 - a. Contact Medical Control prior to pacing in Peds.
 - b. Consider sedation prior to pacing.
 6. Immediate Transport

CONTACT MEDICAL CONTROL

- P**
7. **Possible orders post-radio contact:**
 - a. **Dopamine** IV drip 400 mg/250 cc (1600 mcg/ml) begin at 5 mcg/kg/min up to 20 mcg/kg/min titrated to systolic BP > 90mmHg
 - b. In Peds:
 - 1) **Epinephrine** 0.01mg/kg (0.1ml/kg 1:10,000) IVP

WEST MICHIGAN REGIONAL PROTOCOL

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1:1000
normal saline,

max
ET).

every 3-5 min., ET dose: 0.1mg/kg of Epi
(max of 2mg) diluted to 1 ml/kg with
max of 10ml ET.

2) **Atropine** 0.02mg/kg IVP (0.2ml/kg), min. dose
0.1mg; max dose 0.5mg; repeat in 5 min. to
dose of 1mg (Double the IV dose if given

S P

- B. If perfusion is adequate:**
1. Obtain vascular access.



P

2.

Possible orders post radio contact:

B S P

- a. Atropine
b. Immediate transport

III. Special Considerations

- A. Lidocaine may be contraindicated for ectopy in bradycardic patient - the
ectopy may be secondary to the bradycardia.

5/12/98