

**BRADYDYSRHYTHMIAS: VENTRICULAR RATE < 60; SINUS
BRADYCARDIA, SECOND DEGREE OR THIRD DEGREE AV BLOCK**

ACTION/TREATMENT:

- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Symptomatic: Chest pain with shortness of breath, decreased LOC, hypotension, shock, or CHF.
 - Atropine: 0.5 mg IVP every 3-5 minutes to maximum dose 3 mg.
ET: 2 mg once.

– Dopamine: (400 mg/250 mL NS) 2 - 20 mcg/kg/min titrated to perfusion.

Pediatric:

- Confirm airway patency and oxygenation.
- Consider laryngoscopy to check for foreign body obstruction.
- If signs of poor perfusion and heart rate < 60/min in an infant (0-1 year) or child (1-8 years), begin CPR.
- Epinephrine: 1:10,000 0.01 mg/kg IV, repeat every 3 - 5 minutes.

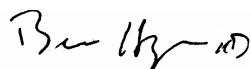
– Consider Atropine: If used: 0.02 mg/kg IVP; every 3-5 minutes to maximum 0.04 mg/kg.
Maximum single dose 0.5 mg.

NOTES:

- Minimum dose of Atropine is 0.1 mg to avoid paradoxical bradycardia.
- Atropine may worsen cardiac ischemia by increasing heart rate and myocardial oxygen consumption. Use in suspected acute MI at Base physician discretion.
- Patients who have had a heart transplant will not respond to atropine and will require pacing.
- Atropine may not be useful for patients in wide complex third degree AVB and second degree Mobitz II AVB.

Boxed text indicates BH order
Unboxed text indicates standing order

Approved:



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