

## Sierra – Sacramento Valley EMS Agency Treatment Protocol

C-3 (LALS)

## **Bradycardia With Pulses**

Approval: Troy M. Falck, MD – Medical Director Effective: 06/01/2022

Approval: Victoria Pinette – Executive Director Next Review: 03/2025

- Symptomatic bradycardia exists clinically when the following 3 criteria are present:
  - 1) The HR is slow (<60/min), 2) The pt has symptoms & 3) The symptoms are due to the slow HR.
- Bradycardia that causes symptoms is typically <50/min. The pts cardiac rhythm should be interpreted in the context of symptoms, & atropine utilized only for symptomatic bradycardia.



- Manage airway & assist ventilations as necessary
- Assess V/S, including SpO<sub>2</sub> reassess V/S every
  3 5 min if possible
- O<sub>2</sub> at appropriate rate if hypoxemic (SpO<sub>2</sub> <94%), short of breath, or signs of heart failure/shock



- Cardiac monitor (AEMT II), 12-lead ECG (AEMT II) at appropriate time (do not delay therapy)
- IV/IO NS at appropriate time (may bolus up to 1000 mL for hypotension)

# Persistent bradycardia with SBP <90 & any of the following signs/symptoms of hypoperfusion?

- Acutely altered mental status
- Signs of shock
- Ischemic chest discomfort
- Acute heart failure

Monitor & reassess

NO→

 Contact base/ modified base hospital for consultation if necessary

# YĖS

## **Atropine (AEMT II)**

- 1 mg IV
- May repeat every 3 5 mins (max total: 3 mg)

### If SBP remains <90 following atropine:

#### **Push-Dose Epinephrine (AEMT II)**

- Eject 1 mL NS from a 10 mL pre-load flush syringe
- Draw up 1 mL epinephrine 1:10,000 concentration and gently mix
- Administer 1 mL IV push every 1 5 mins
- Titrate to maintain SBP >90