

## Sierra – Sacramento Valley EMS Agency Treatment Protocol

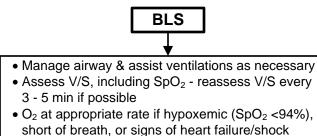
C-3 (LALS)

## **Bradycardia With Pulses**

Approval: Troy M. Falck, MD – Medical Director Effective: 06/01/2024

Approval: John Poland – Executive Director Next Review: 01/2027

- 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.





- 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?

YES

- 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

# 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