

Symptomatic Bradycardia

Medical Directive

An Advanced Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

Indications

Bradycardia;

AND

Hemodynamic instability.

Conditions

atropine		Transcutaneous Pacing	
Age	≥ 18 years	Age	≥ 18 years
LOA	N/A	LOA	N/A
HR	< 50 bpm	HR	< 50 bpm
RR	N/A	RR	N/A
SBP	Hypotension	SBP	Hypotension
Other	N/A	Other	N/A

DOPamine	
Age	≥ 18 years
LOA	N/A
HR	< 50 bpm
RR	N/A
SBP	Hypotension
Other	N/A

Contraindications

atropine

Allergy or sensitivity to atropine

Hypothermia

History of heart transplant

Transcutaneous Pacing

Hypothermia

DOPamine

Allergy or sensitivity to
DOPamine

Mechanical shock

Pheochromocytoma

Treatment

Consider Rhythm determination

Consider 12-lead ECG acquisition and interpretation (if this won't delay therapy)

Consider atropine

	Route
	IV
Dose	1 mg
Max. single dose	1 mg
Dosing interval	5 min
Max. # of doses	2

Consider transcutaneous pacing**Consider DOPamine**

	Route
	IV
Initial infusion rate	5 mcg/kg/min
Titration increment	5 mcg/kg/min
Titration interval	5 min
Max. infusion rate	20 mcg/kg/min

NOTE: Titrate DOPamine to achieve a SBP of ≥ 90 to < 110 mmHg. If discontinuing DOPamine electively, do so gradually over 5-10 minutes.

Clinical Considerations

TCP should not be delayed for placement of an IV.

A fluid bolus should be considered with all symptomatic bradycardia patients if indicated.