

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.