

Southern Illinois Regional EMS System

CC-8 BRADYDYSRHYTHMIAS

ALS / ILS

- Patient Assessment and Initial Care protocol
 - Obtain good history
 - Consider the patients use of:
 - Beta blockers
 - Calcium channel blockers
 - Digitalis
 - Identify rhythm and rate
 - Assess appropriateness for clinical condition.
 - Absolute bradycardia
 - Any adult pulse below 60 BPM.
 - Relative bradycardia
 - Any adult pulse below 60 BPM with associated symptoms.
 - 12 lead ECG (if applicable)
 - Confirm vascular access of NS or LR at TKO
 - Notify Medical Control
- Asymptomatic Bradycardia
 - Monitor ECG and vital signs
 - Identify and treat underlying cause
 - Transport ASAP
- Type II 2nd Degree Heart Block or 3rd Degree AV Heart Block
 - Prepare for Transcutaneous Pacing
 - Contact medical control
 - Transport ASAP
- SYMPTOMATIC BRADYCARDIA: (altered level of consciousness, diaphoresis, systolic BP < 90mmHg, PVC's, chest pain, signs of shock, acute heart failure)
 - **Atropine 0.5mg IV/IO**
 - May repeat every 3 – 5 minutes to maximum of 0.04mg/kg or (3mg).
 - If Atropine is ineffective:
 - Transcutaneous pacing (TCP)
 - Consider going immediately to TCP if the patient presents with:
 - Second degree type 2 heart block
 - Third degree complete heart block
- ALS ONLY
- If Symptomatic Hypotension continues < 90mmHg
 - Consult Medical Control
 - Consider **Dopamine drip 2 - 10 mcg/kg/min.** OR
 - Consider **Epinephrine drip 2 - 10 mcg/min.**

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***Note**

- Epinephrine Drip: 2-10 micrograms per minute.
 - Mix 1 mg (1mL of 1:1000) in 500 mL of NS.
 - Usual adult dose is 1 mcg/min. titrated to desired response.

- ALS/ILS Transcutaneous Pacing:
 - Set rate at 70 BPM.
 - Set at milliamp level that produces capture.
 - Refer to TCP protocol