

BRADYCARDIA (≥ 8 years old) ADMINISTRATIVE ORDER

Initiate immediate supportive care:

O₂ to maintain sat $\geq 94\%$
Complete primary and secondary survey as indicated
Vital Signs (FSBG and temperature as indicated)
Cardiac Monitor
12-lead ECG

Initiate IV NS TKO

If hypotensive, administer NS 20ml/kg bolus
Reassess VS and lung sounds after every 500ml infused
May repeat as needed for continued hypotension

Narrow QRS AND patient has chest pain, dyspnea or decreased mentation

- **Atropine** 0.5mg IV q 3-5 minutes, Max 1mg total
If patient does not respond to Atropine or IV cannot be established:
- **Initiate Transcutaneous Pacing**
- Consider **Dopamine** 2-10 mcg/kg/min IVPB, titrate to effect

Wide QRS AND patient has chest pain, dyspnea or decreased mentation

- **Initiate Transcutaneous Pacing;**
Do Not delay for IV access
- If patient has IV:
Consider **Dopamine** 2-10mcg/kg/min IVPB, titrate to effect

Consider **Midazolam (Versed)** 5mg IV/IM
As needed for comfort with transcutaneous pacing post-capture and if BP allows

Notification to include:
Bradycardia AO, unit number, patient age, gender, and ETA to receiving facility.
Advise if patient is unstable.