

BRADYCARDIA (≥ 14 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/LR TKO

If normotensive, consider saline lock with NS flush
Push all meds slowly
If hypotensive, administer NS/LR 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

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

- **Atropine** 0.5mg IV rapid push 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

- **Initiate Transcutaneous Pacing;**
Do Not delay for IV access
- If patient has IV:
- Consider **Dopamine** 2-10mcg/kg/min IVPB, titrate to effect
 - If patient has history of Renal Failure consider hyperkalemia and give:
 - **Calcium Chloride** 1gm IVP
 - **Sodium Bicarb** 50meq (1 amp) IVP

Consider **Midazolam (Versed)** 0.1mg/kg (max 5mg) IV/IM
For discomfort with transcutaneous pacing post-capture and if SBP ≥ 90
MR same dose x 1 for continued discomfort

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