

BRADYDYSRHYTHMIAS

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- HR < 60 with adequate or inadequate perfusion

TREATMENT

- Adequate perfusion
 - ALS RMC
 - 12-lead ECG
- Inadequate perfusion (acute altered mental status, ongoing chest pain, hypotension or other signs of shock)
 - ALS RMC
 - 12-lead ECG
 - Transcutaneous pacing for high-degree blocks (type II second-degree or third-degree)
 - Fluid bolus of 250-500 ml NS if hypotensive and lungs clear. Repeat as needed.
 - Atropine** 0.5 mg IV/IO for first or second degree Mobitz I block, or if pacing is delayed Repeat q 5 min. to total of 3 mg.
 - If inadequate response, **Dopamine** 400 mg/250 ml pre-mixed solution. Start 10ug/kg/min. Titrate to SBP 100.

DOPAMINE			
400 mg in 250 ml D5W (pre-mixed)		60 drops/min = 60 ml/hr	
Weight (kg)	gtts/min to = 10 ug/kg/min	Weight (kg)	gtts/min to = 10 ug/kg/min
35-44	15 gtts/min	85-94	35 gtts/min
45-59	20 gtts/min	95-109	40 gtts/min
60-74	25 gtts/min	110 & up	45 gtts/min
75-84	30 gtts/min		

SPECIAL CONSIDERATIONS

- Consider and treat possible contributing factors:

<ul style="list-style-type: none"> Hypovolemia Hypoxemia Hydrogen ion (acidosis) Hypo/Hyperkalemia Hypoglycemia Hypothermia 	<ul style="list-style-type: none"> Toxins (overdoses) Tamponade, cardiac Tension pneumothorax Thrombosis (coronary / pulmonary) Trauma
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DOCUMENTATION / ESSENTIAL ELEMENTS

- Time pacing started/ stopped

RELATED POLICIES/ PROCEDURES

- Adult Sedation Policy ATG 3
- External Cardiac Pacing Procedure ALS PR 11