ADULT BRADYCARDIA WITH A PULSE

Bradyarrhythmia

- HR typically < 50
- Determine if appropriate for clinical condition

Maintain airway and assist breathing if needed

- Establish pulse oximetry, cardiac and blood pressure monitoring
- Administer supplemental oxygen (target SpO₂ of 94% to 98%) if clinically indicated
- Obtain IV/IO access
- Obtain 12-lead ECG if time and resources permit

Signs of hemodynamic compromise?

- Administer atropine
- If atropine is ineffective:
 - Provide transcutaneous pacing OR
 - Initiate **B-adrenergic agonist** infusion (dopamine or epinephrine)

- Monitor patient (e.g., cardiac monitoring, noninvasive blood pressure, vital signs) Obtain 12-lead ECG if not already done
- Identify and treat underlying causes
- Consider expert consultation

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- Consider transvenous pacing

Medications	
Atropine	1 mg IV bolus every 3 to 5 min, up to a max dose of 3 mg
Dopamine	5 to 20 mcg/kg/min IV titrated to effect
Epinephrine	2 to 10 mcg/min IV titrated to effect

Special Considerations

- Consider implementing transcutaneous pacing or β-adrenergic agonist therapy immediately for patients with second degree AV block type II or third-degree AV block.
- Consider implementing transcutaneous pacing immediately if vascular access is difficult to achieve.

Signs of Hemodynamic Compromise

- Changes in mental status
- Ischemic chest discomfort
- Hypotension
- Signs of shock
- Acute heart failure

Common Causes

- Myocardial ischemia/infarction
- Drugs/toxicologic (e.g., calcium channel blockers, beta blockers, digoxin)
- Hypoxia
- Electrolyte abnormality (e.g., hyperkalemia)

