Bradycardia Algorithm
With a pulse

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See ACLS Notes

Bradycardia
1. HR<50 AND
   o Inadequate for clinical situation

First Steps: Identify and treat underlying causes
1. Maintain patent airway
   o Noninvasive airway maneuvers
2. Assist breathing as needed
3. Administer Oxygen (if hypoxemic)
4. Monitor
   o ECG (12 lead if available, identify rhythm, do not delay therapy)
   o Blood pressure
   o Oximetry (pulse ox)
5. Establish IV access

Persistent bradyarrhythmia causing
   o Altered mental status (acute)
   o Ongoing ischemic chest pain/discomfort
   o Hypotension
   o Other signs of shock
   o Acute heart failure
1. NO
   o Monitor and observe
2. YES
   o Treat as symptomatic bradycardia

If Poor Perfusion
1. Atropine: 0.5 mg IV (while awaiting pacer)
   o May repeat up every 3 – 5 minutes to a max dose of 3.0 mg
   o If ineffective, begin pacing
2. Prepare for Transcutaneous pacing
   o Use without delay in high-grade block
      Second degree Type II block
      Third degree block
3. Consider (while waiting for pacer OR if pacer ineffective)
   o Epinephrine: 2-10 mcg/ min OR
   o Dopamine: 2-10 mcg/kg/ min
4. Treat contributing causes
5. Consider expert consultation
Observe/ Monitor

1. If Pulseless Arrest Develops
   o Pulseless Arrest Algorithm
   o Search for/ treat possible contributing causes
     ▪ The 6 H’s
       - Hypovolemia
       - Hypoxia
       - Hydrogen Ion (acidosis)
       - Hypo/ Hyperkalemia
       - Hypoglycemia
       - Hypothermia
     ▪ The 5 T’s
       - Toxins
       - Tamponade (cardiac)
       - Tension pneumothorax
       - Thrombosis
         o Coronary
         o Pulmonary
       - Trauma
         o Hypovolemia
         o Increased ICP


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