

SYMPTOMATIC BRADYCARDIA (patient not in arrest)

1. Assessment shows bradycardia (pulse less than 60 in adults, or less than age corrected minimum in children) AND..... SERIOUS signs or symptoms: chest pain, shortness of breath, decreased level-of-consciousness, hypotension, shock, or dyspnea with rales
2. **100% O₂, IV LR or NS TKO, monitor.** Correct hypoventilation and secure airway as needed. Supine position.
3. Apply transcutaneous pacer electrode patches.
4. **Initiate pacing**
 - a. Consider sedation in alert patients:
 - i. **Consider Midazolam:** Draw 0.2 mg/kg up to 10mg of 5mg/ml solution for delivery by atomizer device, ½ in each nostril, or 0.2 mg/kg up to 10mg I.M., or 0.1 mg/kg I.V up to 5 mg I.V. Administer slowly until patient calm, speech slightly slurred. Be prepared to support ventilation if needed.
 - ii. Pediatric kg. Weight estimation: 10 + (2 X Age in years)
 - iii. Set desired rate (usually 80 in adults), gradually increase output setting until capture achieved (confirmed by palpable peripheral pulse of 80).
 - iv. Pediatric pacing only if proper sized electrodes available.
 - v. Request sedation as above if alert patient is uncomfortable after capture.
5. **Atropine** 0.5 mg (0.02 mg/kg pediatric: only after O₂ and ventilation corrected) only if pacing delayed. Contraindicated in high degree AV block and 3^o degree block.
6. Asymptomatic patients may not require treatment. Cardiac monitor only
7. **Contact Medical Control.**
 - a. Medical Control Options
 - i. Repeat atropine in 3-5 minutes
8. Transport to closest appropriate hospital