Cardiac Emergencies C-6 Bradycardia

Asymptomatic: HR <60 BPM with no other symptoms

Symptomatic: HR <60 AND diaphoresis, CP, cap refill >2 sec, cyanosis, ALOC, SOB Critical: HR <60 AND SBP <90 AND diaphoresis, CP, cap refill >2 sec, cyanosis, ALOC,

Patient YES NO Symptomatic? Patient NO Critical? **Ensure Airway** YES Oxygen - Titrate to SpO2 Ensure Airway >95% Atropine 0.5mg IV/IO Oxygen - Titrate to SpO2 Consider repeating Position of Comfort >95% Atropine 0.5mg-1mg IV/IO every 3-5 minutes, max of 3mg Cardiac Monitor Position of Comfort If decreased LOC, position Use caution in patients with Consider IV/IO Access TKO patient left lateral decubitus suspected cardiac ischemia Cardiac Monitor External Cardiac Pacing IV/IO Access TKO Titrate to SBP >90 Set pace rate at 80 BPM Start at 50mA and quickly increase in 10mA increments until capture is achieved CONSIDER MIDAZOLAM 2mg IV/IO/IM/IN Atropine 0.5mg IV/IO May repeat once for a total of 4mg IV/IO/IM/IN for sedation. Consider repeating MORPHINE 2mg IV/IO/IM q 5 minutes Atropine 0.5mg-1mg IV/IO max dose of 8mg every 3-5 minutes, max of 3mg OR FENTANYL 25mcg Slow IV/IO/IM/IN Use caution in patients with q 5 minutes to max 100mcg suspected cardiac ischemia For pain relief Proceed immediately to external cardiac pacing as first line therapy for patients who are rapidly deteriorating or have had a heart transplant. Transplanted hearts will not respond to Atropine. Transport

Priorities

|ABC's

Determine degree of physiologic distress Initiate treatment in the field

Reassess rhythm and vital signs frequently Early Transport EARLY CONTACT OF RECEIVING HOSPITAL

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation where a base hospital physician CANNOT be contacted for orders, Solano County Paramedics MAY NOT utilize the portions of this protocol requiring base physician orders AND must transport to the closest receiving facility