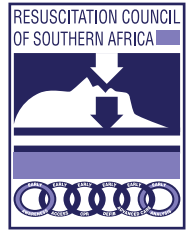




2021

Bradycardia Management Algorithm



2021

AIRWAY
Open, maintain and protect as necessary

BREATHING
Administer oxygen if required. Target saturation 94-98%
Ventilate if necessary

CIRCULATION
Assess pulse, blood pressure and perfusion
Attach ECG monitor, pulse oximeter and vital signs monitor if available

DRIP
Establish IV access

ECG RHYTHM
Run rhythm strip to confirm dysrhythmia
12 lead ECG if possible
Identify and treat underlying causes

**SPECIALIST MEDICAL
ADVICE SHOULD BE
SOUGHT WHENEVER
POSSIBLE**

SIGNS OF INSTABILITY

- Hypotension
- Acutely altered mental state
- Signs of shock
- Ischaemic chest discomfort
- Acute heart failure

ADULT

PAEDIATRIC

BRADYCARDIA
HR < 50/min

IF UNSTABLE

ATROPINE
(Exclude Hypoxia/Hypothermia/Head Injury)
1mg IV bolus
Can repeat every 3-5 minutes, up to 3mg

ADRENALINE
2-10µg/min infusion
(Start at 0.05µg/kg/min and titrate to effect)
OR
TRANSCUTANEOUS PACING
Consider alternatives

- Transvenous pacing
- High dose insulin (1U/kg if Beta Blocker or Ca Channel Blocker overdose)
- Glucagon (if Beta Blocker or Ca Channel Blocker overdose)

LOOK FOR AND TREAT CONTRIBUTORY CAUSES OF BRADYCARDIA

- Hypoxia
- Hypothermia
- Head Injury
- Hyperkalaemia
- Heart Block
- Hydrogen Ion (Acidosis)
- Hypotension
- Toxins (e.g. organophosphates)
- Therapeutic Agents (e.g. Beta Blocker or Ca Channel Blocker overdose)

BRADYCARDIA
HR < 60/min despite effective oxygenation and ventilation

IF UNSTABLE

START CPR
1 Rescuer = 30 compressions : 2 breaths
2 Rescuers = 15 compressions : 2 breaths

ADRENALINE
0.1ml/kg IV of 1:10 000 dilution
(Max dose - 1mg) every 3-5 minutes

ATROPINE
0.02mg/kg IV if vagal tone or 1° AV block
(Max dose - 0.5mg)

CONSIDER PACING