**BRADYCARDIA WITH A PULSE ALGORITHM**

Assess appropriateness for clinical condition

*Heart rate typically < 50bpm if bradyarrhythmia*

### Identify and Treat Underlying Cause

- **Maintain Patent Airway**: Assist breathing as necessary
- **Oxygen (if hypoxemic)**
- **Cardiac Monitor to Identify Rhythm**: Monitor blood pressure and oximetry
- **Obtain 12-Lead ECG**
- **Establish IV Access**

### Is Persistent Bradyarrhythmia Causing:

- Hypotension?
- Acute altered mental status (AMS)?
- Signs of shock?
- Ischemic heart discomfort?
- Acute heart failure?

If Atropine ineffective:
- Transcutaneous pacing
- OR
- Dopamine infusion (2-10 mcg/kg/min)
- OR
- Epinephrine infusion (2-10 mcg/min)

#### ATROPINE IV DOSE

**First dose**
- 0.5 mg bolus
- Repeat every 3-5 minutes
- Maximum: 3 mg.

#### DOPAMINE IV INFUSION

Usual infusion rate is 2-20 mcg/kg/min
- Titrate to patient response; taper slowly.

#### EPINEPHRINE IV INFUSION

2-10 mcg/min infusion.
- Titrate to patient response.

Monitor and observe the patient

Consider:

- Consultation with expert
- Transvenous pacing

This Algorithm is based on the latest (2015) American Heart Association standards and guidelines.