



INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL

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BRADYCARDIAS - ADULT

STABLE BRADYCARDIA

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Heart rate less than 60 bpm.
- Signs of adequate tissue perfusion.

II. BLS INTERVENTIONS

- Recognition of heart rate less than 60 bpm.
- Reduce anxiety, allow patient to assume position of comfort.
- Administer oxygen as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Establish vascular access if indicated. If lungs sound clear, consider bolus of 300 cc NS, may repeat.
- Monitor and observe for changes in patient condition.

IV. ALS INTERVENTIONS

- Establish vascular access if indicated. If lungs sound clear, consider bolus of 300 ml NS, may repeat.
- Place on cardiac monitor, obtain rhythm strip for documentation and upload to ePCR with a copy to receiving hospital. If possible, obtain a 12-lead ECG to better define the rhythm.
- Monitor and observe for changes in patient condition.

V. REFERENCES

<u>Number</u>	<u>Name</u>
11010	Medication - Standard Orders
11020	Procedure - Standard Orders

UNSTABLE BRADYCARDIA

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Signs of inadequate tissue perfusion/shock, ALOC, or ischemic chest discomfort.

II. BLS INTERVENTIONS

- Recognition of heart rate less than 60 bpm.
- Reduce anxiety, allow patient to assume position of comfort.

- Administer oxygen as clinically indicated.

III. LIMITED ALS (LALS) INTERVENTIONS

- Establish vascular access if indicated by inadequate tissue perfusion.
 - Administer IV bolus of 300 ml NS, may repeat one (1) time.
 - Maintain IV rate at TKO after bolus.
- Monitor and observe for changes in patient condition.

IV. ALS INTERVENTIONS

- Perform activities identified in the BLS and LALS Interventions.
- Place on cardiac monitor, obtain rhythm strip for documentation and upload to ePCR with a copy to receiving hospital. If possible, obtain a 12-lead ECG to better define the rhythm.
- Administer Atropine per ICEMA Reference #11010 - Medication -Standard Orders.
- If Atropine is ineffective, or for documented MI, 3rd degree AV Block with wide complex and 2nd degree Type II AV Block, utilize Transcutaneous Cardiac Pacing, per ICEMA Reference #11020 Procedure - Standard Orders.

➤ **BASE HOSPITAL MAY ORDER THE FOLLOWING:**

For End Stage Renal Disease (ESRD) patients on dialysis with suspected hyperkalemia And hemodynamic instability, with documented sinus bradycardia, 3rd degree AV block and 2nd degree Type II AV Block, slow junctional and ventricular escape rhythms, or slow atrial fibrillation, administer Calcium Chloride per ICEMA Reference # 11010- Medication-Standard Orders

- Contact base hospital if interventions are unsuccessful.

V. REFERENCES

<u>Number</u>	<u>Name</u>
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11020	Procedure - Standard Orders