

# EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS

Effective: January 2012  
 Reviewed: July 2013  
 Revised: **July 1, 2016**  
 Scope: ALS – Adult/Pediatric



EMS Agency Medical Director

## BRADYCARDIA

### ADULT ALGORITHM

**ABCs / ROUTINE MEDICAL CARE** - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen if indicated at the appropriate flow rate.

Place patient in position of comfort.

Obtain and transmit 12 lead EKG (Do not delay therapy).

**PROTOCOL PROCEDURE:** *Flow of protocol presumes that bradycardia is continuing. If response or condition changes, see appropriate protocol. If at any time a stable patient becomes unstable, go to the unstable section of this protocol. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed enroute.*

<b>STABLE</b> HR < 50; SBP > 100; GCS > 14; NO SEVERE CHEST PAIN/DYSPNEA	<b>UNSTABLE</b> HR < 50; SBP < 100; GCS < 14; SEVERE CHEST PAIN/DYSPNEA
Cardiac Monitor ↓ Establish IV ↓ Moved to unstable section if condition deteriorates	Consider 2 <sup>nd</sup> IV or IO if difficult access. ↓ Consider 250 mL Fluid Bolus ↓ Give Atropine IV/IO: 0.5 mg q 3-5 min (Max 3 mg) <b>Adolescents:</b> 1mg IV/IO (Max. <u>Single</u> dose) Max <u>total</u> dose 2mg IV/IO ↓ <b>If Atropine is ineffective or if delay in IV/IO</b> <b>Begin TCP at 80 bpm</b> <u>Do not</u> delay if high degree block is present ↓ Consider pain Management Fentanyl 50mcg <u>slow</u> IV/IO over 2 min Withhold if Systolic BP < 100 mm Hg
	<b>CONTACT BASE</b> Dopamine infusion may be ordered for hypotension. 2-10 µg/kg/min IV/IO. Titrate to patient response. Taper slowly
<b>References:</b> Prehospital Formulary, Transcutaneous Pacing Procedure, 12 Lead EKG Procedure	

PEDIATRIC ALGORITHM

**ABCs / ROUTINE MEDICAL CARE** - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

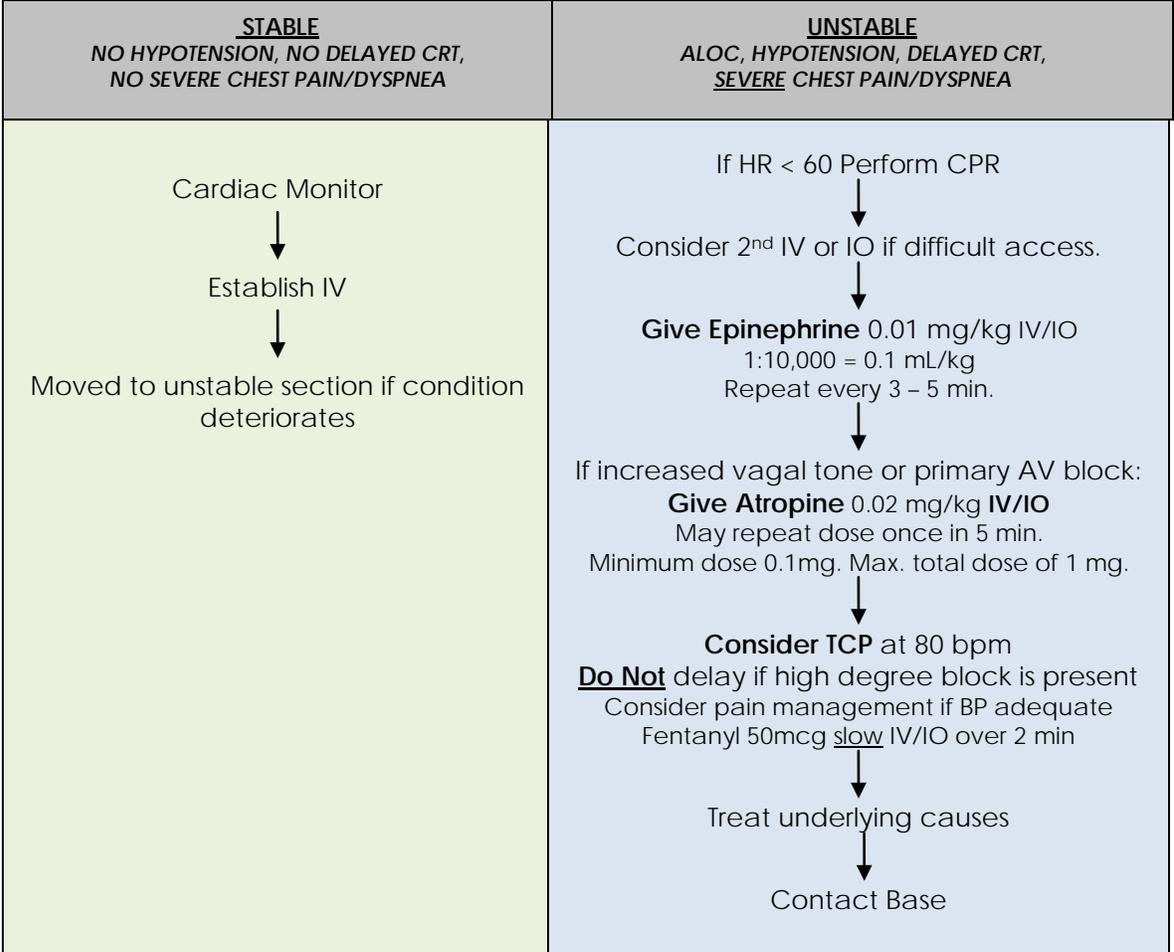
**Begin ventilation with BVM if HR < 60; if no improvement in 1 minute begin CPR.**

Administer oxygen if indicated at the appropriate flow rate.

Place patient in position of comfort.

Obtain and transmit 12 lead EKG (Do not delay therapy).

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**References:** Prehospital Formulary, Transcutaneous Pacing Procedure, 12 Lead EKG Procedure