BRADYDYSRHYTHMIAS

EMR

- Routine Medical Assessment and Intervention
- Oxygen per guideline if SpO_2 is less than 94%
- Position of comfort for patient.
- If patient becomes unresponsive proceed with appropriate arrest guideline.

EMT

- If equipment is available & trained, may acquire **12 lead ECG**
  - Report any computer interpretation indicating potential for **Acute ST elevation MI or STEMI** to responding ambulance.
  - May consider use of air medical resources if appropriate (see HEMS guideline)

AEMT

- Establish vascular access
- Consider administration of **Normal Saline** 250mL to 500mL bolus to maintain systolic BP of 100 mmHg

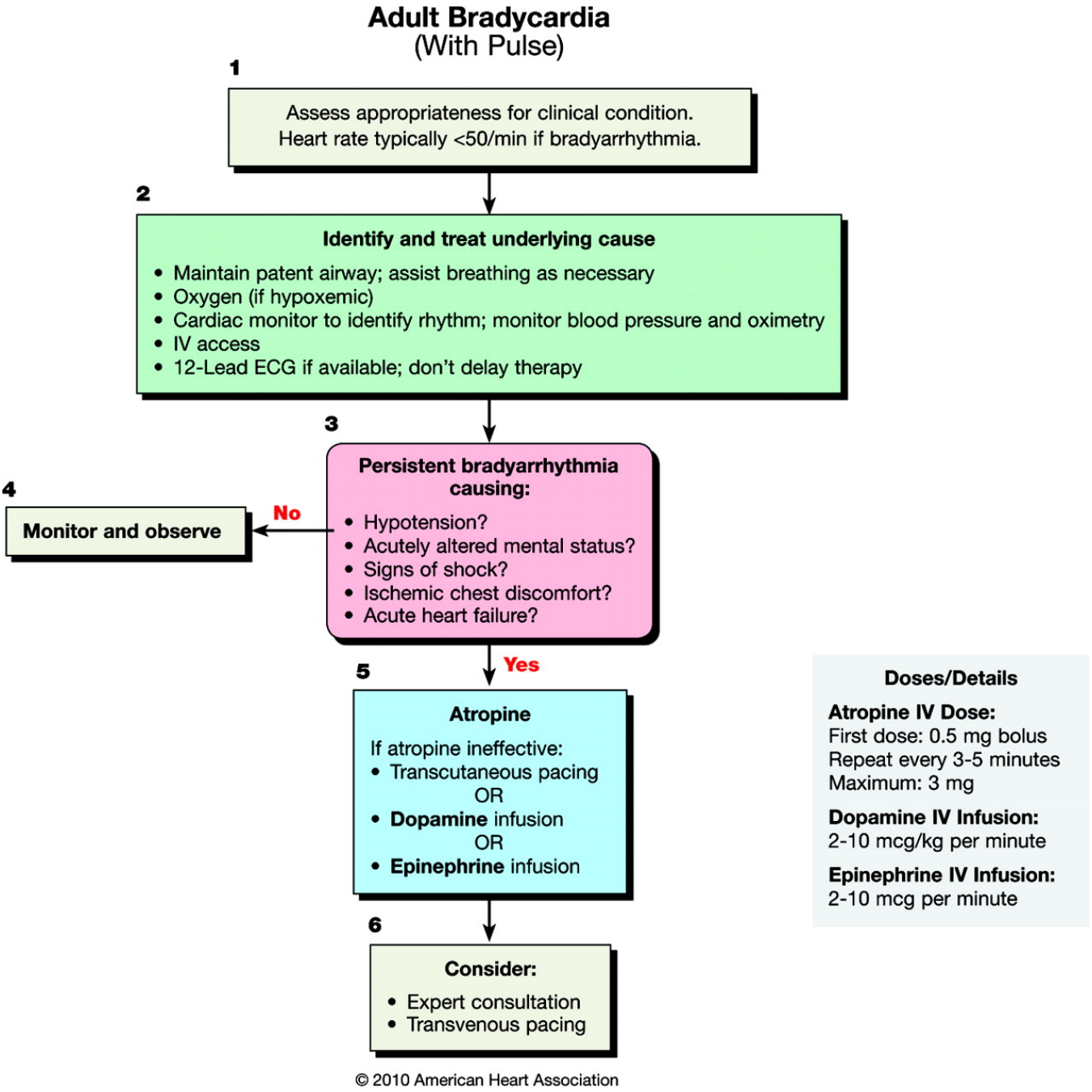
EMT-I

- Interpret limb lead ECG
- Consider **Atropine 0.5mg IV/IO** may repeat mg in 3 to 5 minutes as needed to max of 3.0mg

PARAMEDIC

- **Acquisition and Interpretation of 12-lead ECG**
- **Transcutaneous Pacing (TCP) – See TCP procedure guideline**:
  - Consider preparing to initiate TCP in those patients presenting with 2nd degree Type II or 3rd degree AV block, but who may be asymptomatic.
  - Initiate TCP if patient presets with hypotension with other signs of instability while establishing vascular access and administering Atropine.
- If no electrical **<u>and</u>** mechanical capture during TCP **<u>and</u>** BP <100 then consider the following if available:
  - **Dopamine infusion 2-10 mcg/kg/min**. OR
  - **Epinephrine infusion 2-10 mcg/min**

Clinical Care Pearls

- Patients should be considered **symptomatic** if they display: HR <60 **<u>and</u>** BP <90 systolic **<u>and</u>** one or more of the following:
  - Altered mental status
  - Pale, cool, diaphoretic skin
  - Chest pain
  - Syncope
  - Dyspnea
- Patient's presenting with chest pain with associated bradycardia, and who are not hypotensive are likely experiencing an ischemic cardiac event. Treat these patients according to the Chest pain – ACS – STEMI guideline.

BRADYDYSRHYTHMIAS CONT.