

ADULT BRADYCARDIA AV BLOCKS

HPI	Signs & Symptoms	Differential Diagnosis
<ul style="list-style-type: none"> • Medications: <ul style="list-style-type: none"> Beta blockers Calcium channel blockers Clonidine Digoxin • Pacemaker 	<ul style="list-style-type: none"> • HR <60 • Chest pain • Respiratory distress • Hypotension, MAP<65 • AMS • Syncope 	<ul style="list-style-type: none"> • Acute MI • Hypoxia • Hypothermia • Toxins/Overdose • Head injury/ ICP • Neurogenic shock • AV block

	EMR	EMT	PM
1. Provide Adult Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability.	•	•	•
2. Obtain ECG and 12 lead, transmit to receiving facility, and monitor Capnography.		•	•

UNSTABLE: Altered Mental Status, MAP < 65 or SBP < 90

3. ATROPINE: 1 mg IVP/IO, rapid push (while preparing for pacing). Do not delay pacing for medication administration.	•
4. If patient remains unstable, Transcutaneous pacing	•
5. If needed, ATROPINE 1 mg IVP/IO, rapid push, may repeat 3 min., max. 3 mg	•
6. Consider sedation for conscious patients MIDAZOLAM: 2mg IVP/IO, may repeat 2 min., max. 10mg	•
7. For Pain Management : FENTANYL: 1 mcg/kg IVP/IN/IO/IM, max single dose 100 mcg, repeat every 10 min., max total dose 200 mcg	•
8. If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC: PUSH DOSE EPINEPHRINE: 50 mcg (5mL) IVP/IO, repeat 5 min., max. 100mcg, target a MAP 65	•

NOTE:

1. Do not administer **ATROPINE** for 2nd Degree Type 2 or 3rd Degree Heart Block - skip straight to Transcutaneous pacing.

PEARLS:

1. Consider potential accidental/intentional overdose on [beta-blockers](#) and [calcium channel blockers](#). Refer to specific protocols.
2. Patients who have undergone cardiac transplant will not respond to **ATROPINE**.
3. Bradycardia with hypertension can be a sign of increased intracranial pressure. See [Head Injury](#).