SUBJECT: DYSRHYTHMIAS (continued) **POLICY NUMBER: 9181**

BLS

Ensure patent airway
Give oxygen
Ventilate prn.
Monitor O2 saturation prn.

ALS

Monitor ECG/Monitor O2 saturation prn.
If stable Perform 12 lead ECG if available and report findings

SO Establish IV TKO

UNCOMPENSATED BRADYCARDIAS WITH PULSE

(Clinical manifestations include chest pain, shortness of breath, decreased LOC, BP < 90 systolic, pulmonary congestion)

SO Normal Saline 250 mL fluid bolus IV with clear lungs; may repeat to maintain BP ≥ 90 SO

SO Atropine Sulfate 0.5 mg IV, may repeat per BH q 5 min. to max 3 mg

SO Transcutaneous pacing

For discomfort caused by TCP (mechanical capture and SBP ≥100):

SO Morphine Sulfate 2-20 mg IV in 2 mg increments, titrate to pain relief and SBP ≥ 90

For discomfort not relieved by Morphine Consider:

SO Midazolam 1-5 mg slow IV (1 mg/min); titrate to pain relief; minimum SBP ≥ 80

BH Dopamine 400 mg/250 mL NS at 5-20 mcg/kg/min IV drip; titrate to cardiac rate/rhythm response and SBP ≥ 90

NOTE: If heart rate increases to greater than 60/min and BP < 90 systolic, treat as Cardiogenic Shock.
For complete heart block or Mobitz II with wide ventricular response, go directly to TCP

BLS	ALS
	PEDIATRIC NOTE: **Unstable bradycardias are usually the result of hypoxia or severe shock in pediatrics - not cardiac abnormality. Additional signs of poor perfusion include cyanosis, mottled skin, dyspnea, delayed capillary refill, altered LOC, diminished or absent peripheral pulses, and may be caused by the following heart rates:** Infant/Child (< 9 years) < 60 bpm Child (9-14 yrs) < 40 bpm **Refer to Pediatric Drug Guide** **SO** Normal Saline 20 mL/kg IV initial bolus via Volutrol; may repeat per SO X2 **BHP** Atropine 0.02 mg/kg to a max of 0.5mg; Maximum total dose of 2mg **BHP** Dopamine 200 mg/250 mL NS, run at 5-20 mcg/kg/min

APPROVAL:

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