

Symptomatic Bradycardia

Oshkosh Fire Dept

Routine Medical Assessment

Oxygen

- 2 lpm via nasal cannula
- Titrate to maintain an oxygen saturation of greater than or equal to 94%

Monitor
-12 Lead

NOTE: If 12 Lead reveals an acute MI, Contact medical Control before increasing Heart Rate

Normal Saline
• TKO

Symptomatic?

Observe

QRS Width

Wide

Pulse?

Cardiac Arrest Protocol

Atropine

- 0.5 mg IVP
- Repeat to a total of 3 doses for refractory narrow complex bradycardias

External pacing

- If patient remains symptomatic.
- Consider for refractory narrow complex bradycardias.

Dopamine

- Contact Medical Control

External Pacing

- Anterior/posterior electrode placement preferred.
- Set **heart rate** for 70 beats per min.
- Starting at 40 milliamps, increase **amperage** by 20 mA every 15 sec., until 100% capture is achieved, then decrease amperage by 5 mA to lowest level that maintains capture/pulse.

Note?
Signs of symptomatic Bradycardia:

- Altered mental status
- Chest pain
- Marked dyspnea
- Nausea
- Dizziness
- Diaphoresis
- PVCs
- BP < 90 mmHg

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