



San Benito County Emergency Medical Services Agency

BRADYCARDIA/HEART BLOCKS

Policy : C7
Effective : May 1, 2014
Reviewed : March 1, 2014

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. **Pulse less than 60 bpm & asymptomatic:**
 1. Transport.
 2. Contact Base Station.
- C. **Pulse Less Than 60 bpm, with symptomatic hypotension:**
 1. Atropine is a simpler and quicker intervention to initiate than transcutaneous pacing, and in many instances will work as well.
 - a. Atropine 0.5mg IV/IO. May be administered while awaiting pacing set up. May repeat dose in 3-5 minutes as needed to alleviate symptoms or increase pulse to 60 bpm. Not to exceed 3mg maximum total dose IV/IO.
 - b. Establish Transcutaneous Cardiac Pacing. See Policy 5900.
 2. Transport.
 3. Consider positioning, 250ml fluid bolus.
 4. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).
 5. Contact Base Station.

Note: This guideline is intended to maintain adequate cerebral perfusion by observing mental status.