



Protocol 700-C7-P: Bradycardia/Heart Blocks

Revision 5/22/18
Effective 8/1/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
 - If pulseless, (see Protocol 700-C1-P *Cardiac Arrest*)
- ❖ Identify presence of serious signs or symptoms*
- ❖ Prepare for transport/transfer of care.

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Cardiac Monitor/12-lead-ECG
- ❖ HR < 60 bpm without serious signs or symptoms*:
 - Transport/Contact Base Station.
- ❖ HR < 60 bpm and serious signs or symptoms*:
 - **Epinephrine** 0.01mg/kg 1:10,000 IV/IO (0.1ml/kg)
 - Repeat every 3-5 minutes
 - **Atropine** 0.02mg/kg IV/IO (min dose 0.1 mg or 1 ml)
 - May be administered while awaiting pacing set up
 - Repeat q 3-5 min. prn to alleviate symptoms or increase pulse to 60 bpm.
 - Not to exceed 1mg maximum total dose IV/IO.
 - If cardiac transplant, Type II, 2nd degree block, 3rd degree block with widened QRS or in-extremis then proceed directly to Transcutaneous Cardiac Pacing
 - Establish TCP. See Procedure 705; *Transcutaneous Pacing*
 - **Warning:** Avoid TCP with severe hypothermia (See Protocol 700-E2 *Cold Exposure/Hypothermia*)
 - Transport/Contact Base
 - Consider positioning and **Normal saline** 20 ml/kg fluid bolus.

*Serious Signs or Symptoms

Shock	Decreased LOC
Delayed Cap Refill	Cool Extremities
Diminished Distal Pulses	SOB