Bradycardia With a Pulse Algorithm

Assess appropriateness for clinical condition. Heart rate typically < 50/min if bradycardia.

**Identify and treat underlying cause**
- Maintain patent airway; assist breathing as necessary*
- If the patient is short of breath, administer oxygen
- Oxygen as indicated
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-lead ECG if available; don't delay therapy

**Persistent bradycardia causing:**
- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

Monitor and observe

N

Y

**Atropine IV Dose:**
First dose: Atropine 1 mg
Repeat every 3–5 minutes
Maximum: 3 mg

If atropine ineffective:
- Transcutaneous pacing**
  OR
- Dopamine IV infusion: 5–20 mcg/kg per minute
  OR
- Epinephrine IV infusion: 2–10 mcg per minute

Consider:
- Expert consultation
- Transvenous pacing


Version control: This document follows 2020 American Heart Association® guidelines for CPR and ECC. American Heart Association® guidelines are updated every five years.

If you are reading this page after December 2025, please contact support@acls.net for an update. Version 2021.06.a

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