Bradycardia With a Pulse Algorithm

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

Identify and treat underlying cause
- Maintain patent airway; assist breathing as necessary*
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-Lead ECG if available; don’t delay therapy

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

Monitor and observe

Atropine IV Dose:
First dose: 0.5 mg bolus
Repeat every 3–5 minutes
Maximum: 3 mg

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

Consider:
- Expert consultation
- Transvenous pacing


Version control: This document is current with respect to 2015 American Heart Association Guidelines for CPR and ECC. These guidelines are current until they are replaced on October 2020. If you are reading this page after October 2020, please contact ACLS Training Center at support@acls.net for an updated document. Version 2018.10.a