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