## 2.07 DYSRHYTHMIA: SYMPTOMATIC BRADYCARDIA

### BLS Treatment

- Position of comfort.
- NPO
- Oxygen as indicated.

### ALS Treatment

Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.

- IV/IO with Normal Saline TKO.
- 12-lead EKG. If symptomatic, do not delay therapy in order to obtain 12 lead.
- Atropine or Transcutaneous Pacing (TCP) as needed for continued unstable bradycardia.
- If agitated during TCP and SBP > 90, may administer Midazolam.
- Morphine Sulfate
  - If the heart rate > 50 BPM, but hypotension persists:
    - Normal Saline fluid bolus.
    - If Normal Saline bolus ineffective, administer Dopamine Titrate to maintain SBP > 90.
- If dialysis patient with suspected hyperkalemia [T wave is peaked; QRS is prolonged (>0.12 seconds) or hypotension develops] AND bradycardia is unresponsive to Atropine and Transcutaneous pacing, administer Calcium Chloride.
- If suspected hyperkalemia persists (peaked T wave; prolong QRS), administer Albuterol via nebulizer (helps drive K⁺ into cells).