EL DORADO COUNTY EMS AGENCY
PREHOSPITAL PROTOCOLS

Effective: January 2012
Reviewed: July 2013
Revised: July 1, 2016, 2018
Scope: ALS – Adult/Pediatric

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EMS Agency Medical Director

BRADYCARDIA

ADULT ALGORITHM

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Administer oxygen if indicated at the appropriate flow rate.

Place patient in position of comfort.

Obtain and transmit 12 lead EKG (Do not delay therapy).

PROTOCOL PROCEDURE: _Flow of protocol presumes that bradycardia is continuing. If response or condition changes, see appropriate protocol. If at any time a stable patient becomes unstable, go to the unstable section of this protocol. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed enroute._

STABLE _HR < 50; SBP > 100; GCS >14;_ _NO SEVERE CHEST PAIN/DYSPNEA_	**UNSTABLE** _HR < 50; SBP <100; GCS <14;_ _SEVERE CHEST PAIN/DYSPNEA_
Cardiac Monitor ↓ Establish IV ↓ Moved to unstable section if condition deteriorates	Consider 2nd IV or IO if difficult access. ↓ Consider 250 mL Fluid Bolus ↓ Give Atropine IV/IO: 0.5 mg q 3-5 min (Max 3 mg) ↓ **If Atropine is ineffective or if delay in IV/IO Begin TCP at 80 bpm** Do not delay if high degree block is present ↓ Consider pain Management Fentanyl 50mcg slow IV/IO over 2 min Withhold if Systolic BP < 100 mm Hg
	CONTACT BASE Dopamine infusion may be ordered for hypotension. 2-10 µg/kg/min IV/IO. Titrate to patient response. Taper slowly

References: Prehospital Formulary, Transcutaneous Pacing Procedure, 12 Lead EKG Procedure

PEDIATRIC ALGORITHM

ABCs / ROUTINE MEDICAL CARE - Be prepared to support ventilation with appropriate airway adjuncts and circulation with external chest compressions.

Begin ventilation with BVM if HR < 60; if no improvement in 1 minute begin CPR.

Administer oxygen if indicated at the appropriate flow rate.

Place patient in position of comfort.

Obtain and transmit 12 lead EKG (Do not delay therapy).

PROTOCOL PROCEDURE: Flow of protocol presumes that bradycardia is continuing. If response or condition changes, see appropriate protocol. If at any time a stable patient becomes unstable, go to the unstable section of this protocol. If patient is in severe distress, immediate, rapid transport is preferred with treatment performed enroute.

STABLE *NO HYPOTENSION, NO DELAYED CRT, NO SEVERE CHEST PAIN/DYSPNEA*	**UNSTABLE** *ALOC, HYPOTENSION, DELAYED CRT, SEVERE CHEST PAIN/DYSPNEA*
Cardiac Monitor ↓ Establish IV ↓ Moved to unstable section if condition deteriorates	**Begin Ventilation with BVM if HR<60; if no improvement in 1 minute begin CPR** If HR < 60 Perform CPR ↓ Consider 2nd IV or IO if difficult access. ↓ **Give Epinephrine** 0.01 mg/kg IV/IO 1:10,000 = 0.1 mL/kg Repeat every 3 – 5 min. ↓ If increased vagal tone or primary AV block: **Give Atropine** 0.02 mg/kg **IV/IO** May repeat dose once in 5 min. Minimum dose 0.1mg. Max. total dose of 1 mg. ↓ **Consider TCP** at 80 bpm **Do Not** delay if high degree block is present Consider pain management if BP adequate Fentanyl 1mcg/kg slow IV/IO over 2 min (Max individual dose of 50mcg) May repeat every 5minutes to a max total dose of 200mcg. ↓ Treat underlying causes ↓ Contact Base: if pt <2y/o or for dosing above 200mcg *Intranasal= give ½ of dose per nostril.

References: Prehospital Formulary, Transcutaneous Pacing Procedure,12 Lead EKG Procedure