

Subject: Treatment Guidelines – ALS  
Bradycardia with a Pulse

Associated Policies:

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I. Priorities:

- A. ABC's. Maintain oxygen saturation greater than 94%
- B. Treat cardiac arrest per Policy # 6504.
- C. Attempt to identify cause and degree of distress.
- D. Is the bradycardia causing the symptoms?
- E. Are the signs and symptoms serious?
- F. Do not delay treatment in the unstable patient.
- G. Obtain 12 Lead ECG for diagnostics when available.
- H. Re-assess rhythm and vital signs frequently.

II. Unstable bradycardia: Heart rate is less than 50 and symptomatic.

Are the signs or symptoms serious causing hypotension, altered mental status, signs of shock, ischemic chest discomfort, syncope, or acute heart failure?

- A. Establish IV/IO access.
- B. Prepare for External Cardiac Pacing per Policy # 6546. If IV is delayed initiate external pacing.
- C. Administer Atropine per Policy # 5304.
- D. If Atropine is not effective administer Dopamine per Policy # 5408.
- E. Epinephrine per Policy # 5307 can be used as an alternative to Dopamine.
- F. If Atropine or Dopamine are not effective, initiate external cardiac external pacing.
- G. Push Dose Epinephrine may be used as an alternative to external cardiac pacing per Policy # 5307.

III. Stable bradycardia: Currently stable vital signs.

- A. Start IV.
- B. Obtain 12 Lead if available.
- C. Monitor vital signs closely.
- D. If patient becomes unstable refer to the Unstable bradycardia (Section II above)

Approved By EMS Director	<b>Larry Karsteadt</b> (Signature on File at EMS Agency)	Revision
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