

SYMPTOMATIC BRADYCARDIA/2° BLOCK/3° BLOCK/ A-VDISSOCIATION

1. Transcutaneous pacer or Atropine 0.5 mg IV push (to a max of 3 mg)

Use whichever is most readily available

Atropine preferred for sinus bradycardia and 1st degree HB

Pacer preferred for true Heart Block (2nd degree type II and 3rd degree HB)

2. Maximize transcutaneous pacer energy or Atropine 1.0 mg IV push

If Pacer NOT yet available or IS NOT capturing and/or Atropine has NOT worked . . .

3. Begin epinephrine infusion, start at 2 ugm/min and titrate to heart rate of about 70 to 80

If Bradycardia continues:

4. Increase epinephrine infusion and request a pacemaker be brought to the bedside

Bradycardia continues:

5. Request transvenous pacemaker and consider causes with direct specific treatments (eg. beta blocker overdose, hyperkalemia, etc).

Epinephrine Infusions:

1 mg in 250 cc = 4 ugm/ml

1 mg in 500 cc = 2 ugm/ml

1 mg in 1000 cc = 1 ugm/ml

If unsure how to mix up epi drip: put 1 amp of cardiac epi (10 cc of 1:10,000) in whatever IV bag is hanging and begin at 15 microdrops per minute...titrate to a HR of 60 - 70 . Label IV bag containing epi

*** Never treat the combination of 3rd degree heart block and a ventricular escape rhythm with lidocaine (or any agent that suppresses ventricular escape rhythm) - this may cause asystole*