

**1**

**BRADYCARDIA**  
Heart rate <60 bpm and  
inadequate for clinical condition

**2**

- Maintain patent **airway**; assist **breathing** as needed
- Give **oxygen**
- Monitor ECG (identify rhythm), blood pressure, oximetry
- Establish IV access

**3**

**Signs or symptoms of poor perfusion caused by the bradycardia?**  
(eg, acute altered mental status, ongoing chest pain, hypotension or other signs of shock)

**Adequate  
Perfusion**

**Poor  
Perfusion**

**4A**

**Observe/Monitor**

**4**

- **Prepare for transcutaneous pacing**; use without delay for high-degree block (type II second-degree block or third-degree AV block)
- Consider **atropine** 0.5 mg IV while awaiting pacer. May repeat to a total dose of 3 mg. If ineffective, begin pacing
- Consider **epinephrine** (2 to 10 µg/min) or **dopamine** (2 to 10 µg/kg per minutes) infusion while awaiting pacer or if pacing ineffective

**Reminders**

- If pulseless arrest develops, go to Pulseless Arrest Algorithm
- Search for and treat possible contributing factors:
 

-Hypovolemia	-Toxins
-Hypoxia	-Tamponade, cardiac
-Hydrogen ion (acidosis)	-Tension pneumothorax
-Hypo- /hyperkalemia	-Thrombosis (coronary or pulmonary)
-Hypoglycemia	-Trauma
-Hypothermia	

**5**

- Prepare for **transvenous pacing**
- Treat contributing causes
- Consider expert consultation

**Bradycardia Algorithm**