

**Management of
Symptomatic
Bradycardia
and
Tachycardia**

Cardiac Dysrhythmia

- Symptomatic Vs Asymptomatic
- Stable Vs Unstable

Unstable Dysrhythmia

- Altered Mental Status
- Loss of Consciousness
- Ischemic Chest Pain
- Acute Heart Failure
- Hypotension or other Signs of Hypoperfusion

Adult Bradycardia (With Pulse)

1

Assess appropriateness for clinical condition.
Heart rate typically <50/min if bradyarrhythmia.

2

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary
- Oxygen (if hypoxemic)
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IV access
- 12-Lead ECG if available; don't delay therapy

3

Persistent bradyarrhythmia causing:

- Hypotension?
- Acutely altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

No

4

Monitor and observe

Unstable Bradycardia

Atropine

If atropine ineffective:

- Transcutaneous pacing
- OR
- **Dopamine** infusion
- OR
- **Epinephrine** infusion

6

Consider:

- Expert consultation
- Transvenous pacing

Doses/Details

Atropine IV Dose:

First dose: 0.5 mg bolus

Repeat every 3-5 minutes

Maximum: 3 mg

Dopamine IV Infusion:

2-10 mcg/kg per minute

Epinephrine IV Infusion:

2-10 mcg per minute



Thank You