

## Goals

- Look for signs of **symptomatic** bradycardia which can include shock, altered LOC, chest discomfort, hypotension, acute heart failure
- Improve perfusion

Oxygen to keep SpO<sub>2</sub> 94-99%

Obtain a 12-lead ECG

Atropine 0.5 mg IV q 3-5 min (max 3 mg)

Initiate transcutaneous pacing or dopamine (5 mcg/kg/min; increase 3-5 mcg/kg/min q 2 min until BP >90 mmHg; max 20 mcg/kg/min) if atropine does not work (or is contraindicated) and the patient is unstable

Consider sedation/analgesia with pacing

## Tips

- For asymptomatic patients, monitor closely and be prepared to provide treatment if symptoms develop
- Use atropine with caution in patients with MI; it is also unlikely to work in 2<sup>nd</sup> degree type II or 3<sup>rd</sup> degree heart blocks
- Confirm both electrical and mechanical capture with pacing