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

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

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

Monitor and observe

Atropine
If atropine ineffective:
- Transcutaneous pacing
- Dopamine infusion
- Epinephrine infusion

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

Reproduced with permission from

Last Updated: 2013 Apr 2