

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Symptomatic Bradycardia

This is a protocol for patients with serious symptomatic bradycardia. Serious symptomatic bradycardia may be defined as patients with heart rate less than 60 and any of the following symptoms: chest pain, shortness of breath, decreased level of consciousness, hypotension, shock, or pulmonary edema. Titrate treatments to a heart rate above 60 bpm. If patient remains hypotensive, refer to Cardiogenic Shock Protocol.

Pre-Radio

PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol.
2. Start an IV NS KVO.
3. Transcutaneous pacing (TCP), when available, may be initiated prior to establishment of IV access and/or before Atropine begins to take effect. Pacing may be the treatment of choice for high degree A-V block. Follow the External Pacing Protocol.
4. Administer Atropine Sulfate 0.5 mg IV repeating every 3-5 minutes to a total dose of 3 mg, until a heart rate of 60 bpm is reached.

Post-Radio

PARAMEDIC

5. Administer Dopamine Drip 2-10 mcg/kg/min. Mix drip by putting 400 mg in 250 ml NS.
6. Administer Epinephrine Drip 2-10 mcg/min. Mix drip by putting 1 mg of 1:1,000 in 250 ml NS.