

BRADYCARDIA (ADULT)



DRAFT
EMSAC AUGUST
2026

Link to legend to be added
after approval

- Assess ABC's, vital signs, oxygen PRN (goal >94%)
- If pulseless → see **Medical Cardiac Arrest**
- If pediatric (before onset of puberty or <14) → see next page

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

Unstable?

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

NO

YES

Assessment and support

- Maintain patent airway and provide oxygen
- Assist breathing with positive-pressure ventilation as necessary
- Attach monitor and monitor pulse

Unstable

Bradycardia persists?

NO

YES

- Start IV/IO
- **Atropine**
- **Transcutaneous pacing** (consider **Midazolam**) and/or
- **Epinephrine Infusion**

Medication/Procedure Links:

- **Atropine**
- **Epinephrine Infusion**
- **Transcutaneous pacing**

- Identify and treat underlying causes
 - Support ABCs
 - Consider oxygen
 - Consider 12-lead ECG
- Observe

Transport to ED

Transport to ED
(STAR Center preferred)

Comments:

- Patients with history of cardiac transplant will not respond to atropine
- Possible causes to consider:
- Acute Myocardial infarction: see **Chest Pain/Acute Coronary Syndrome**
 - Toxicologic: (eg, calcium-channel blockers, β -blockers, digoxin) see **Poisoning and Overdose**
 - Hypoxia: see **Airway management**
 - Electrolyte abnormality: see **Hyperkalemia**

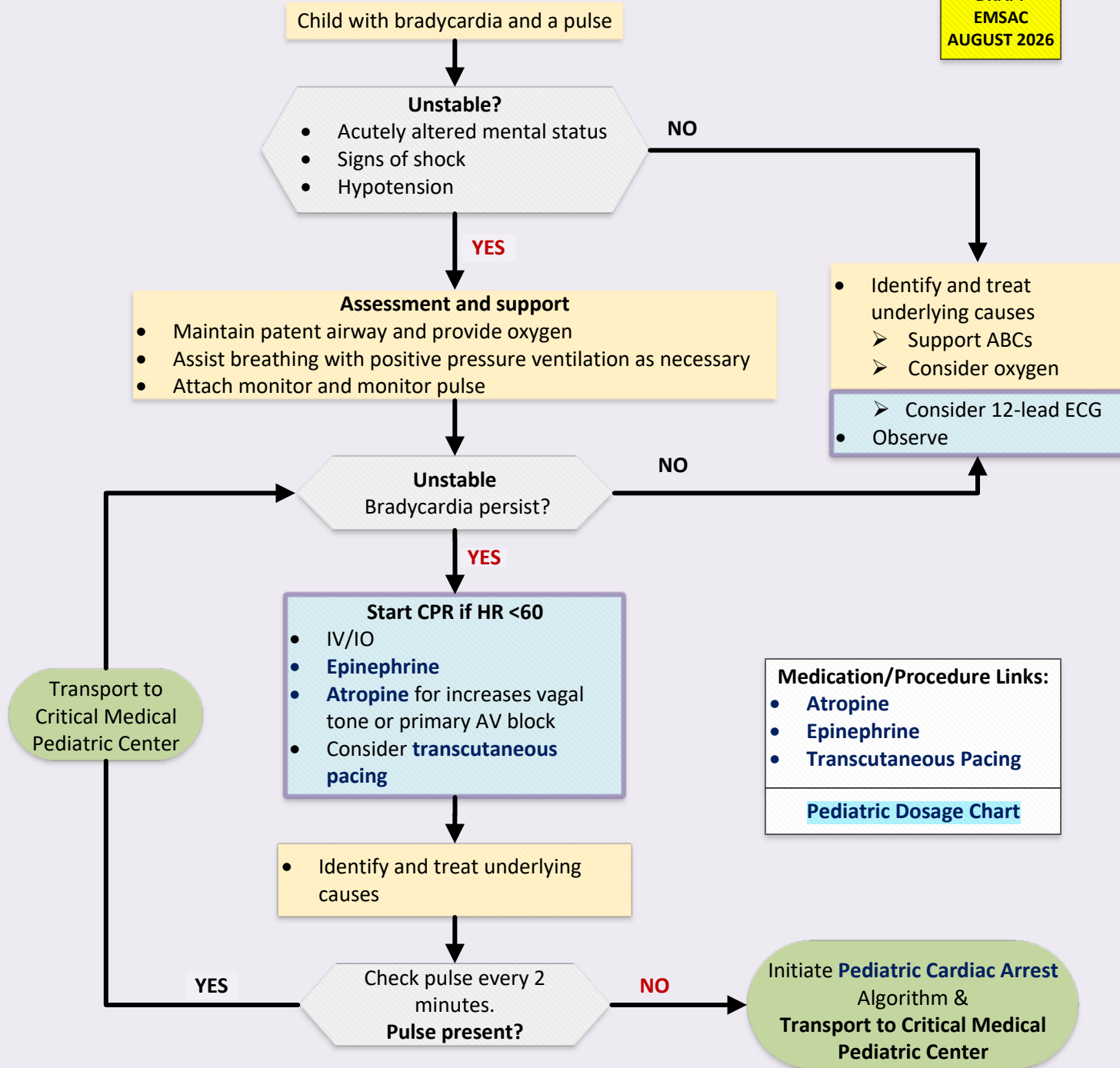
BRADYCARDIA (PEDIATRIC)



Link to legend will be added before finalized

- Assess ABC's, vital signs, oxygen PRN (goal >94%)
- If pulseless → see **Pediatric Cardiac Arrest**
- If adult (after onset of puberty or age ≥14) → see prior page

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Comments

- Bradycardia in pediatrics may be associated with hypoxia, which can be improved significantly with BLS level interventions
- Possible causes of bradycardia to consider: consider possible hypoxic (**Airway Management**) and toxicologic causes (e.g. calcium channel blockers, sodium channel/blockers/anti-depressants, digoxin, and clonidine **Poisoning and Overdose**), acute coronary syndrome (**Chest Pain**), metabolic derangement (**Hyperkalemia**)
- Patients with history of cardiac transplant will not respond to atropine