BRADYCARDIA (ADULT SYMPTOMATIC)

- 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

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PUBLIC COMMENT
JULY 2026

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

Quick Medication/Procedure Links:
- **Atropine**
- **Epinephrine Infusion**
- **Transcutaneous pacing**

Cardiopulmonary compromise?
- 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

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

Bradycardia persists with cardiopulmonary compromise?

NO

YES

- Start IV/IO
- **Atropine**

If atropine ineffective:
- **Transcutaneous pacing** (consider **Midazolam**)

and/or
- **Epinephrine**

Transport to ED
(if STEMI, consider STAR Center)

Comments:

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**

Adapted from 2025 AHA Advanced Cardiac Life Support

Effective: xxxxx
Supersedes: NEW

BRADYCARDIA (PEDIATRIC SYMPTOMATIC)

- 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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Child with bradycardia and a pulse

Cardiopulmonary compromise?
- Acutely altered mental status
- Signs of shock
- Hypotension

NO

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

YES

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

Bradycardia persists with cardiopulmonary compromise?

NO

YES

Start CPR if HR <60
- IV/IO
- **Epinephrine**
- **Atropine** for increases vagal tone or primary AV block
- Consider **transcutaneous pacing**

Medication/Procedure Links:
- **Atropine**
- **Epinephrine Infusion**
- **Transcutaneous Pacing**

- Identify and treat underlying causes

YES

Check pulse every 2 minutes.
Pulse present?

NO

Initiate **Pediatric Cardiac Arrest** Algorithm &
Transport to Critical Medical Pediatric Center

Comments
- 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

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