Bradycardia

Evaluation

- Check if the patient is stable or unstable
- Get a complete set of vital signs and EKG
- If concerned, have pacer pads and atropine at the bedside (if unstable, see ACLS bradycardia)
- Determine whether this is sinus bradycardia based on EKG
- Take history and examine the patient, pay attention to symptoms, vital sign abnormalities, and mental status (often be the result of a vagal event from pain, vomiting, or recent surgery)
- Evaluate the medication list and obtain an electrolyte panel, especially potassium, TSH if not done recently and a troponin to evaluate for an ischemic etiology

Management

- Ensure that atropine and pacer pads are easily available
- If unstable follow ACLS protocol for temporary pacing
- Treat the underlying conditions
- Atropine 0.5mg IV repeat every 3-5 minutes max 3mg is first-line for symptomatic/unstable bradycardia
- Medication is a common cause of bradycardia in the hospital particularly beta-blocker and CCB. Consider reversal agent for beta-blocker use IV glucagon and for CCB use IV calcium gluconate
- Transcutaneous pacing is uncomfortable and a transition to temporary transvenous pacing wire should be made if continuous pacing for >12hrs is anticipated. These patients should be transferred to the ICU and cardiology should be consulted

Revision #2
Created 25 February 2022 06:11:00 by Katarina Soewono
Updated 13 June 2022 06:49:07 by Katarina Soewono