Bradyarrhythmia typically seen when the heart rate is <50/min
Is the bradyarrhythmia causing the symptoms?

The priority should be to identify and treat the underlying cause
- Maintain patent airway; assist breathing if necessary
- Apply oxygen (if hypoxemic); monitor pulse oximetry
- Apply cardiac monitor; monitor blood pressure
- IV Access
- 12-Lead ECG if available; do not delay treatment

Is the bradyarrhythmia causing:
- Hypotension?
- Altered mental status?
- Signs of shock?
- Ischemic chest discomfort?
- Acute heart failure?

If atropine is ineffective:
- Transcutaneous pacing
- Dopamine or epinephrine infusion may be used as an alternative to TCP.

Give atropine

Dosing
- Atropine: 1 mg IV push to repeat every 3-5 minutes. Max: 3 mg
- Dopamine Infusion: 5-20 mcg/kg/min
- Epinephrine Infusion: 2-10 mcg/min

Consider:
- Expert Consultation
- Transvenous pacing if other efforts are ineffective