AHA ACLS Adult Bradycardia Algorithm

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

Is the bradyarrhythmia causing cardiopulmonary compromise:

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

No

Yes

Assessment and Support

- Maintain airway; assist breathing if necessary
- Apply oxygen (if hypoxemic);
- Apply cardiac monitor
- IV Access
- 12-Lead ECG if available; do not delay treatment

- **Identify and treat the underlying cause**
  - ❑ Support ABCs
  - ❑ Consider oxygen
  - ❑ Obtain 12-lead ECG
- **Monitor and observe**

Bradycardia persists with cardiopulmonary compromise?

No

Yes

Give atropine

If atropine is ineffective:

- Transcutaneous pacing and/or
- Dopamine or epinephrine infusion may be used as an alternative to TCP.

Consider:

- Expert Consultation
- Transvenous pacing

Dosing:

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

Possible Causes:

- **Myocardial Ischemia/Infarction**
- **β-Blockers, Ca-Channel Blockers, Digoxin**
- **Hypoxia**
- **Electrolyte Imbalance**

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