

| BRADYCARDIA | |
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| ADULT | PEDIATRIC (≤34KG) |
| BLS | |
| <ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 | <ul style="list-style-type: none"> • Same as Adult |
| ALS Standing Orders | |
| <ul style="list-style-type: none"> • Obtain 12-lead ECG • With STEMI contact STEMI base prior to administration of Atropine unless in extremis <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Atropine 0.5 mg IV <ul style="list-style-type: none"> ○ May repeat every 3-5 min (not to exceed 3 mg total) | <ul style="list-style-type: none"> • Obtain 12-lead ECG <p style="text-align: center;">Unstable</p> <ul style="list-style-type: none"> • Epinephrine 1:10,000 0.01 mg/kg (0.1 ml/kg) slow IV not to exceed 0.3 mg per dose <ul style="list-style-type: none"> ○ May repeat every 3-5 min |
| Base Hospital Orders Only | |
| <ul style="list-style-type: none"> • Normal Saline fluid bolus 500 mL • Atropine 0.5 mg IV for stable patient or STEMI patient not in extremis • Push-Dose Epinephrine 10 mcg/mL 1 mL IV/IO every 1-3 min <ul style="list-style-type: none"> ○ repeat as needed titrated to SBP >90mmHg ○ <u>See notes for mixing instructions</u> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Epinephrine Drip 10 mcg/min IV/IO infusion <ul style="list-style-type: none"> ○ Consider for extended transport ○ <u>See formulary for mixing instructions</u> <p style="text-align: center;">Hyperkalemia</p> <ul style="list-style-type: none"> • Calcium Chloride 1 Gm slow IV/IO • Sodium Bicarbonate 1 mEq/kg IV/IO <p style="text-align: center;">Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon 3-10 mg slow IV (when cache available) <p style="text-align: center;">Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride 1 Gm slow IV/IO <p style="text-align: center;">Tricyclic Overdose – with wide QRS (>0.1 seconds)</p> <ul style="list-style-type: none"> • Sodium Bicarbonate 1 mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose with persistent QRS widening | <ul style="list-style-type: none"> • Atropine 0.02 mg/kg IV (minimum dose of 0.1 mg and maximum dose of 0.5 mg) <ul style="list-style-type: none"> ○ May repeat every 3-5 min (not to exceed 1 mg total) • Normal Saline fluid bolus 20 mL/kg <p style="text-align: center;">Beta Blocker Overdose</p> <ul style="list-style-type: none"> • Glucagon 0.1 mg/kg IV/IM <p style="text-align: center;">Calcium Channel Blocker Overdose</p> <ul style="list-style-type: none"> • Calcium Chloride 20 mg/kg slow IV/IO (maximum single dose of 500 mg) <p style="text-align: center;">Organophosphate Overdose</p> <ul style="list-style-type: none"> • Atropine 0.05-0.1 mg/kg IV/IO/IM <p>Tricyclic Overdose – with signs of QRS widening</p> <ul style="list-style-type: none"> • Sodium Bicarbonate 1 mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose with persistent QRS widening <ul style="list-style-type: none"> • As needed |

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| <p style="text-align: center;">Organophosphate Overdose</p> <ul style="list-style-type: none">• Atropine 2 mg IV/IO/IM repeat as needed • As needed | |
| Notes | |
| <ul style="list-style-type: none">• <u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000):</u> Mix 9 mL of Normal Saline with 1 mL of Epinephrine 1:10,000, mix well• Atropine in pediatric patients may cause paradoxical bradycardia• High degree heart blocks (Second degree type II, and Third degree) may respond poorly to Atropine<ul style="list-style-type: none">○ If unstable consider obtaining Base Hospital Orders for Push-Dose Epinephrine instead of Atropine• Ensure all Calcium Chloride is thoroughly flushed from IV tubing prior to administration of Sodium Bicarbonate• Higher doses of Atropine may be needed for organophosphate OD | |