



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. C7
April 1, 2012

Emergency Medical Services Program

Approved

Medical Director

Subject: BRADYCARDIA/HEART BLOCKS

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Transmit 12-lead-ECG for treatment guidance.
- C. **Pulse less than 60 bpm & asymptomatic:**
 1. Transport.
 2. Contact Base Station.

D. Pulse Less Than 60 bpm, with symptomatic hypotension:

1. Atropine is a simpler and quicker intervention to initiate than transcutaneous pacing, and in many instances will work as well.
 - a. Atropine 0.5mg IV/IO. May be administered while awaiting pacing set up. May repeat dose in 3-5 minutes as needed to alleviate symptoms or increase pulse to 60 bpm. Not to exceed 3mg maximum total dose IV/IO.
 - b. Establish Transcutaneous Cardiac Pacing. See Procedure 6000.
2. Transport.
3. Consider positioning, 250ml fluid bolus.
4. If persistent hypotension, consider Dopamine 5-10 mcg/kg/min. Start at 5-10 mcg/kg/min. Titrate for effect to a maximum of 20 mcg/kg/min. (See drug list for dosage chart).
5. Contact Base Station.

Note: This guideline is intended to maintain adequate cerebral perfusion by observing mental status.