

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**BRADYCARDIA/HEARTBLOCK**

**I. Assessment Information**

- A. Specific Objective Findings:
1. Assess adequacy of perfusion: level of consciousness, pulse, blood pressure and capillary refill.
  2. Assess for symptomatic bradycardia, either: **“absolute”<sup>1</sup> or “relative”<sup>2</sup>**.

**FIRST RESPONDER**

**II. General Management Information**

- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- B. Position of Comfort-loosen any tight clothing and belts.
- C. Obtain vital signs(blood pressure, pulse and respiratory rate).

**BASIC LIFE SUPPORT**

- D. Arrange for ALS intercept
- E. Initiate transport toward ALS intercept, if transporting unit.

**ADVANCED LIFE SUPPORT**

- F. Monitor **EKG**
- G. IV NORMAL SALINE @ TKO**
- H. Apply **TRANCUTANEOUS PACEMAKER** to chest-initiate per practice parameter, if symptomatic.
- I. Consider sedation, (**VALIUM 5-10MG over 1-3min.**)

**NOTIFY RECEIVING FACILITY**

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- I. Administer **ATROPINE** 0.5 IVP or (2mg if ET) q 3-5min to a total of 3 mg.
- J. Initiate **TRANSCUTANEOUS PACEMAKER** per practice parameter, if not yet done.

**CONTACT MEDICAL CONTROL**

- L. Possible orders post-radio contact
  - 1. Consider additional **ATROPINE 1MG IVP.**
  - 2. Consider **FLUID BOLUS.**
  - 3. Consider **DOPAMINE DRIP 2-10 MCG/KG/MIN.**  
Mix drip by putting 400mg in 250 ml NS.
  - 4. Consider **EPINEPHRINE DRIP 2-10 MCG/MIN.**  
Mix drip by putting 1mg of 1:1,000 in 250 NS.

<sup>1</sup> A heart rate less than 60 beats per minute.

<sup>2</sup> A low heart rate, 68 for example, in a patient who is symptomatic, i.e. hypotension, shock, pulmonary congestion, CHF, AMI, PVC's >6/min.


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 Medical Director

*Michelle R. Mara RN, EMT-P*  
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 EMS Manager