HEMODYNAMICALLY UNSTABLE
BRADYCARDIA

1. CALL FOR HELP
2. CALL FOR CODE CART
3. INFORM THE TEAM

4. ALWAYS ASSESS AND PERFORM AS NEEDED
   - WHO’S THE LEADER?
   - AIRWAY & VENTILATION?
   - 100% O2
   - IN OR
   - IDENTIFY THE TEAM LEADER
   - SWITCH TO 100% OXYGEN
   - TURN OFF VOLATILE ANESTHETIC

5. TREAT
   - ATROPINE
     0.5 - 1.0 MG IV PUSH
     UP TO 3MG

ALWAYS ASSESS AND PERFORM AS NEEDED
HEMODYNAMICALLY UNSTABLE

BRADYCARDIA

LARRY F. CHU, MD, MS AND KYLE HARRISON, MD

**TREAT**

**6**

**CONSIDER TRANSCUTANEOUS PACING**
- SET RATE >80 BPM
- ↑ CURRENT UNTIL CAPTURE
- CONFIRM PULSE

**CONSIDER INFUSIONS**
- **EPINEPHRINE** (2-10 μg/min)
- **DOPAMINE** (2-20 μg/kg/min)

**Consider Transcutaneous Pacing OR Infusion of Epinephrine OR Dopamine for Treatment of Unstable Bradycardia**

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**SECONDARY ACTIONS**

**7**

**ISCHEMIA?**
- RULE OUT MYOCARDIAL ISCHEMIA:
  1) Consider 12-lead EKG
  2) Consider checking troponin.

**INVASIVE MONITORS**
- CONSIDER PLACING ARTERIAL LINE
  Radial artery cannulation to monitor beat-to-beat hemodynamics.

**CHECK LABS**
- EVALUATE BLOOD:
  1) ABG
  2) Hemoglobin
  3) Metabolic Panel