



EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



Approved 9/8/21, Effective 1/17/22, replaces all prior versions

5D - BRADYCARDIA ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Vital Signs
 2. IV Access
 3. Analyze rhythm
 4. Rhythm specific treatment.

EMD
ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES)

- EMERGENCY MEDICAL DISPATCHER
- EMERGENCY MEDICAL RESPONDER
- EMT
- EMT-INTERMEDIATE 85
- ADVANCED EMT
- PARAMEDIC

EMR | **EMT**
GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC or NRB IF DYSPNEA OR PULSE OX < 94% AT ROOM AIR
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

- UNSTABLE (SYMPTOMATIC) bradycardia** is defined by any of the following symptoms:
1. Dyspnea
 2. Chest pain
 3. Weakness
 4. Altered mental status
 5. Hypoxemia
 6. Pulmonary edema

EMT-I85 | **AEMT**
IV ACCESS

PARAMEDIC
ANALYZE & TREAT PER RHYTHM FLOWCHART BELOW

SINUS BRADYCARDIA
FIRST DEGREE AV BLOCK
SECOND DEGREE AV BLOCK, TYPE I (WENCKEBACH)

SECOND DEGREE AV BLOCK, TYPE II (CLASSIC)
THIRD DEGREE AV BLOCK (COMPLETE)

ADULT & PEDIATRIC: ASYMPTOMATIC – MONITOR ONLY.
ADULT: TREAT IF SYMPTOMATIC AND SYS B/P < 100mmHg.
PEDIATRIC: TREAT IF SYMPTOMATIC AND SYS B/P < (70 + 2x age in years) mmHg.
ADULT: ACS – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME. AVOID ATROPINE IF HR >40 bpm.
ADULT: NON-ACS – ATROPINE 0.5 mg IVP/IOP. MAY REPEAT EVERY 5 MINUTES TO CUMULATIVE OF 3 mg.
PEDIATRIC: EPINEPHRINE 0.01 mg/kg IVP/IOP. (1:10,000 0.1 mL/kg IVP/IOP). MAY REPEAT ONCE.
IF UNRESPONSIVE TO EPINEPHRINE, ATROPINE 0.02 mg/kg IVP/IOP. MINIMUM DOSE 0.1 mg. MAX SINGLE DOSE 0.5 mg. MAY REPEAT ONCE.

ADULT & PEDIATRIC: ASYMPTOMATIC – MONITOR & PLACE PACING PADS.
ADULT: ACS – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME & PACE AT 60 bpm INSTEAD OF ATROPINE USE.
ADULT: NON-ACS – PACE AT 60 bpm INSTEAD OF ATROPINE USE.
PEDIATRIC: PLACE PACER PADS. CONSULT OLMCP.