

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.10
Subject	Paramedic Treatment Protocols	Page 1 of 2
BRADYDYSRHYTHMIAS – VENTRICULAR RATE LESS THAN 60		
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow if unstable. Refer to EMS Policy #530.02.
4. IV Access	LR TKO – standard tubing
5. Assess	For serious signs and symptoms related to a bradycardiac rhythm (HR less than 60 beats/min), patient must demonstrate one or more of the following: severe chest pain, severe SOB, acutely altered mental status, shock, and pulmonary edema.
A. Unstable, for <u>systolic BP less than 90</u> and serious signs/symptoms related to bradycardiac rhythm.	
1. Atropine	0.5 mg IV/IO
2. Fluid Challenge	Refer to EMS Policy #530.02.
3. STAT Transport	
4. Atropine	0.5 mg IV/IO (1 mg total).
5. TCP	If no response to Atropine. Per EMS Policy #530.02.
6. Fentanyl	25-100 mcg IV push for pain control, provided patient has BP greater than 90 systolic. Only to be administered after TCP has been initiated.
7. Midazolam	If sedation is needed, 1-4 mg slow IV push or 2 mg IM. May repeat in 5 minutes.

STANDING ORDERS CONTINUED ON NEXT PAGE

Approved By	Signatures on File at EMS Agency	Revision
EMS Division Manager		05/01/2014
EMS Medical Director	Signatures on File at EMS Agency	

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STANDING ORDERS

8. Contact Hospital Per EMS Policy #530.02.

B. Stable, for systolic BP greater than 90, with no signs/symptoms related to bradycardiac rhythm.

1. Monitor

2. Transport

3. Contact Hospital Per EMS Policy #530.02.

BASE HOSPITAL ORDERS

1. Atropine 0.5 mg IV/IO. Repeat every 3-5 minutes to a total of 3 mg.

*2. Calcium Chloride for 1000 mg (10 ml) of 10% IV push.
suspected calcium
channel blocker
ingestion

***3. CONSIDER 1 MG OF 1:10,000 IN 250 ML OF NS. TITRATE AT RATE OF 0.5-1.5 ML/MINUTE TO
EPINEPHRINE DRIP A BP OF 100 SYSTOLIC.**

SPECIAL CONSIDERATION AND PRIORITIES

1. Discontinue Atropine bolus if rate greater than 60. Contact Base Hospital for direction for patients with pulse rate between 50-60 beats per minute.
2. Consider causes:
 - a. Medications – digoxin, beta blockers, calcium channel blockers
 - b. Poisoning or overdose
3. Allow 60 seconds of circulation time after medication.
4. If patient's pulse rate is 50-60 beats per minute after the first dose of Atropine and fluid challenge started, consider contacting the Base Hospital early.
5. TCP should be initiated after treatment with atropine (2 doses equaling 1 mg) has failed to return and maintain a hemodynamically stable rhythm.
6. If there is difficulty/delay in establishing an IV for atropine dosage, proceed to pacing while IV is being established. Pacing may be continued simultaneously (or turned off if response to atropine) with atropine dosing once the IV is established.