

# BRADYCARDIA



**Stop surgical stimulus.**  
**100% Oxygen**  
**Apply defibrillator pads**



## Rescue

- **Atropine** 500mcg (up to 3mg)
- **Ephedrine** (6-9mg)
- **Adrenaline** 10 - 100mcg
- **Glucagon** 5mg IV



### Risk of asystole if:

- **Mobitz II**
- **3rd degree HB**
- **Asystole**
- **Pause > 3sec**

**Obtain 12 lead ECG**

## Set

- **Isoprenaline.** 200mcg in 20mL. Bolus 1mL and start at 10mL/hr
- **Adrenaline** infusion. 3mg in 50mL. 1mL/hr = 1mcg/min

## Pace

- **Transcutaneous Pacing.**  
Attach **pads ideally A-P** + ECG leads.  
Select rate of 80  
Increase **current to 10% above electrical capture.**  
If current > 200mA, re- assess pad placement.  
**Confirm mechanical capture (e.g. ETCO2)**  
Provide analgesia as required.  
Maintain any adrenaline infusion.  
**Arrange Cath lab transfer for Pacing Wire.**



## Address cause

- **B.-** Blocked Coronary "Ischaemia"
- **R -** Raised Potassium / Reduced Oxygen
- **A -** Autonomic Dysreflexia, high neuraxial
- **D -** Drugs (BB, CCB, Remi, A2 agonists, Anaphylaxis)
- **I -** ICP (Intracranial Catastrophe)

*Vagal stimulation is a diagnosis of exclusion*