

CMG 7 – BRADYARRHYTHMIAS

(Revised: November 2016)



Consider treatment if heart rate is less than 50 beats/minute in adults, with associated poor perfusion.
(NOTE: hypotension is an important determinant of perfusion status in adults with bradyarrhythmias).

*In the **paediatric patient**, bradycardia is generally considered a pre-terminal event.*

(For normal paediatric heart rate range for age, refer to the appropriate Paediatric Reference Card).

*The focus of treatment should be on oxygenation and ventilation, with chest compressions started if the patient is unresponsive.
An IV/IO adrenaline infusion is the second line of treatment for these patients (atropine is not indicated in paediatric bradycardia).*

ICP	If poorly perfused or symptomatic: atropine	
ICP	Check for signs of cardiac failure. If no LVF: consider IV fluid as per CMG 14 (prior to 2 nd dose atropine)	AP
ICP	Repeat atropine once, if required	
	If perfusion remains poor:	
ICP	adrenaline infusion	
	OR	
ICP	external pacing (more appropriate in ROSC patients)	