

History

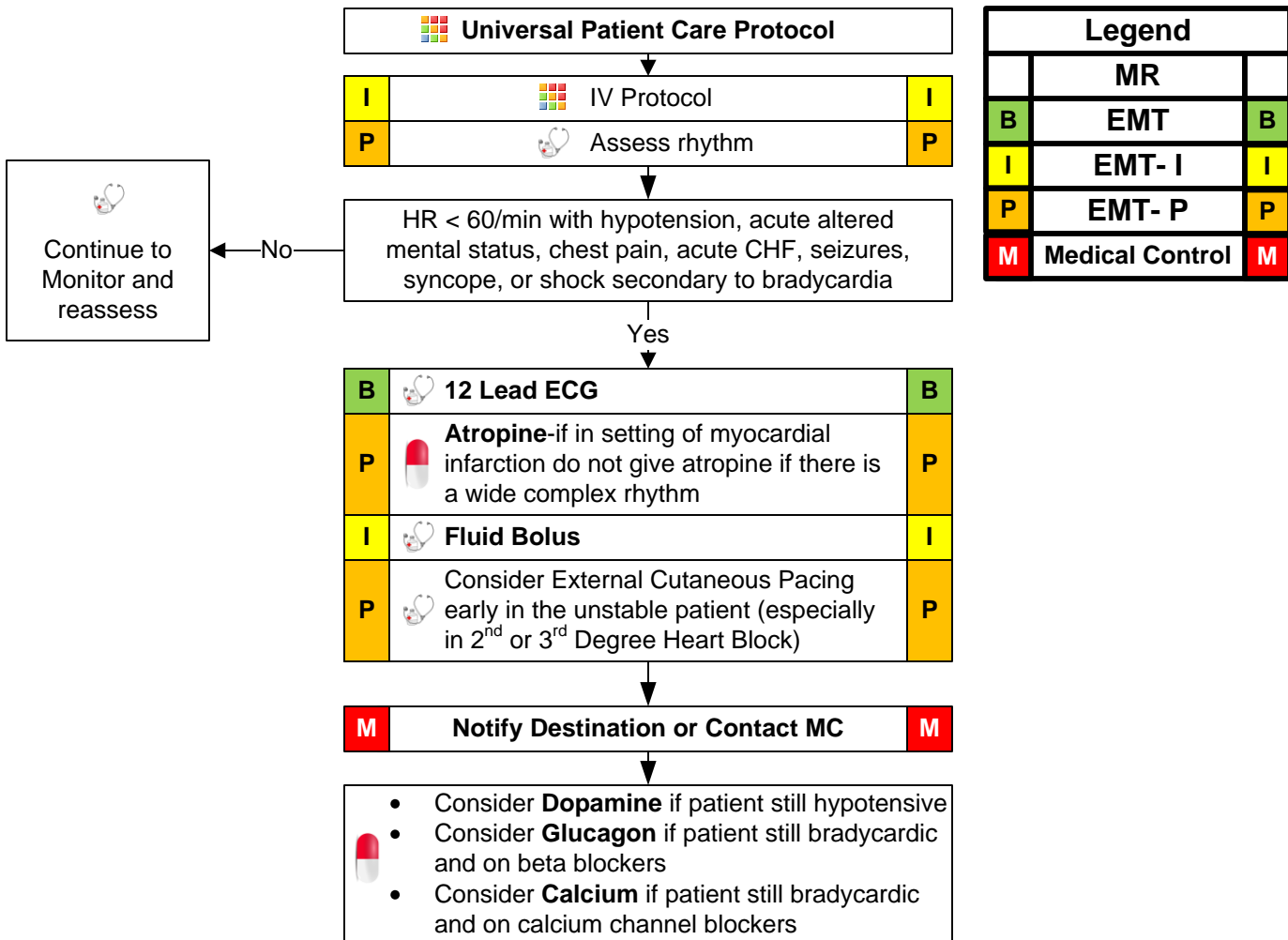
- Past medical history
- Medications
 - Beta-Blockers
 - Calcium channel blockers
 - Clonidine
 - Digoxin
- Pacemaker

Signs and Symptoms

- HR < 60/min with hypotension, acute altered mental status, chest pain, acute CHF, seizures, syncope, or shock secondary to bradycardia
- Chest pain
- Respiratory distress
- Hypotension or Shock
- Altered mental status
- Syncope

Differential

- Acute myocardial infarction
- Hypoxia
- Pacemaker failure
- Hypothermia
- Sinus bradycardia
- Athletes
- Head injury (elevated ICP) or Stroke
- Spinal cord lesion
- Sick sinus syndrome
- AV blocks (1°, 2°, or 3°)
- Overdose



Medical Protocols

Pearls

- **Recommended Exam: Mental Status, Neck, Heart, Lungs, Neuro**
- The use of Lidocaine, Beta Blockers, and Calcium Channel Blockers in heart block can worsen Bradycardia and lead to asystole and death.
- Pharmacological treatment of Bradycardia is based upon the presence or absence of symptoms. **If symptomatic treat, if asymptomatic, monitor only.**
- In wide complex slow rhythm consider hyperkalemia
- Remember: The use of Atropine for PVCs in the presence of a MI may worsen heart damage.
- Consider treatable causes for Bradycardia (Beta Blocker OD, Calcium Channel Blocker OD, etc.)
- Be sure to aggressively oxygenate the patient and support respiratory effort.