BRADYCARDIA

ASSESS with ABCDE approach
- Give oxygen if SpO₂ < 94% and obtain IV access
- Monitor ECG, BP, SpO₂ Record 12 lead ECG
- Identify and treat reversible causes (e.g. electrolyte abnormalities, hypovolaemia)

Life-threatening features?
1. Shock
2. Syncope
3. Myocardial ischaemia
4. Severe heart failure

YES

Risk of asystole?
- Recent asystole
- Mobitz II AV block
- Complete heart block with broad QRS
- Ventricular pause > 3 s

NO

Atropine 500 mcg IV

Satisfactory response?

YES

Consider interim measures:
- Atropine 500 mcg IV repeat to maximum of 3 mg
- Isoprenaline 5 mcg min⁻¹ IV
- Adrenaline 2-10 mcg min⁻¹ IV
- Alternative drugs* and / or
- Transcutaneous pacing

NO

Seek expert help
Arrange transvenous pacing

Observation

* Alternatives include:
- Aminophylline
- Dopamine
- Glucagon (if bradycardia is caused by beta-blocker or calcium channel blocker)
- Glycopyrrolate (may be used instead of atropine)