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Bradycardia Algorithm Review

November 2008.

This algorithm was not changed in the GL 2005 document.

The Bradycardia algorithm is keyed to both rhythm recognition and symptoms.

Bradycardias are the most often missed interpretations for ACLS students. You *will* need to learn to recognize the various block patterns. There are 5.

1. Normal Sinus Bradycardia – just slow, less than 60
2. First Degree AV Block - long fixed PR – no drop
3. Mobitz Type I AV Block - (Wenckebach) – increasingly longer PR – then a drop
4. Mobitz Type II AV Block - Fixed PR – then a drop (pattern of drops may vary)
5. Complete Heart Block - Random PR – no association QRS with P

Do not immediately treat asymptomatic patients with **normal sinus bradycardia, first degree AV block, or Mobitz Type I**, (progressing PR interval or **Wenckebach** type).

Second Degree Mobitz II and **complete third degree block** are more concerning, more likely to be permanent blocks and will definitely need treatment. Again, symptoms will be the guide. These patients are most likely to be symptomatic, and more likely to get worse over time. All these patients will need to be admitted and receive a pacemaker. They will all need cardiology consultation.

Atropine is unlikely to work for Mobitz II or complete block, but can be used to temporarily stabilize the patient, until you get a transcutaneous pacer organized. **Second Degree Mobitz II** and **Complete Heart Block** patients will need a **permanent pacer** at some point – except with drug overdose, which may wear off.

Wide complex bradycardia will need a pacemaker; atropine may or may not help.

Epinephrine and Dopamine are secondary choices for support in refractory patients, but are rarely used. One of the common causes of bradycardia is **Acute Coronary Syndrome**, either ischemia or infarction, be careful not to miss this.

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DO NOT treat arrhythmias related to a bradycardia, especially with lidocaine. The rhythm disturbance is from the slow rate, it will get better, when you treat the rate. If you suppress the rhythm, you will suppress heart function and the patient will get worse.

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