Clinical Practice Guidelines: Cardiac/Bradycardia

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Date
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Purpose
To ensure consistent management of patients with Bradycardia.

Scope
Applies to all QAS clinical staff.

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Bradycardia is defined as a heart rate of < 60 bpm in adults and is age dependant in children. However, bradycardia may be considered normal for some patients (e.g. whilst at rest or very fit individuals). Patients with asymptomatic bradycardia rarely require treatment.

Bradycardia can be classified as cardiac or non-cardiac.

**Cardiac:** associated with a diseased SA node, AV node or His-Purkinje system.

**Non-cardiac:** associated with environmental conditions, metabolic or endocrine disorders and toxicology.

Common types of bradycardic rhythms include:

- sinus bradycardia
- sick sinus syndrome
- high degree AV block:
  - AV nodal (junctional) escape
  - ventricular escape (usually occurs with 3rd degree AV block)\(^1,2\)

Hypoxia is a common cause of bradycardia and initial management should focus on improving oxygenation and ventilation.

The treatment of non-cardiac bradycardia should always commence with focusing on removing and/or reversing any causative factors.
Consider:
- Reversible causes
- Atropine
- Transcutaneous pacing
- Adrenaline (epinephrine)
- Isoprenaline

Resuscitation required?
- Yes
- No

Acute symptomatic bradycardia?
- Yes
- No

Transport to hospital
Pre-notify as appropriate

Manage as per appropriate CPG:
- CPG: Resuscitation – Adult
- CPG: Resuscitation – Paediatric
- CPG: Resuscitation – Newly born

Note: Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.