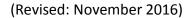
CMG 7 – BRADYARRHYTHMIAS





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

ACT Ambulance Service Clinical Management Guidelines

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