

Bradycardia

History

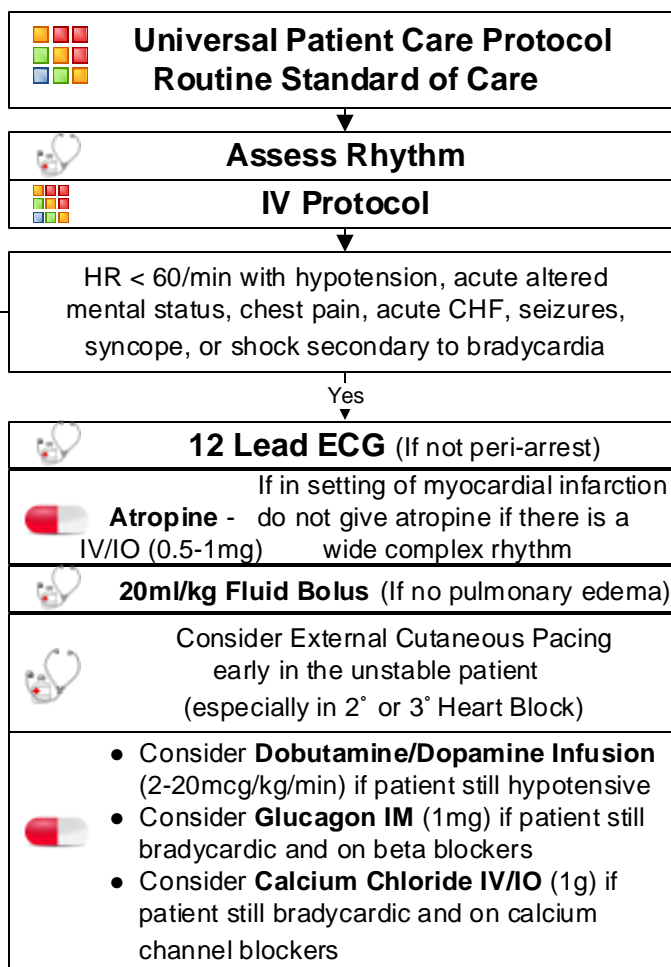
- **SAMPLE**
- Medications
- Beta-Blockers
- Calcium channel blockers
- Clonidine
- Digoxin
- Pacemaker

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



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.