	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8024.35
	<u>PROGRAM DOCUMENT:</u> Cardiac Dysrhythmias	Initial Date:	10/26/94
		Last Approval Date:	03/12/20
		Effective Date:	07/01/22
		Next Review Date:	03/01/24

EMS Medical Director

EMS Administrator

Purpose:

- A. To ~~establish serve as the~~ treatment standard for Bradycardic, Supraventricular Tachycardia, and Ventricular Tachycardia Dysrhythmias with pulses ~~patients who are either for~~ stable or unstable ~~patients~~.

Authority:

- A. California Health and Safety Code, Division 2.5
 B. California Code of Regulations, Title 22, Division 9

Protocol:

Symptomatic Bradycardia and Tachycardia Dysrhythmias frequently have an underlying cause which should be recognized and treated. It is critically important to determine the cause of the patient's instability in order to properly direct treatment.

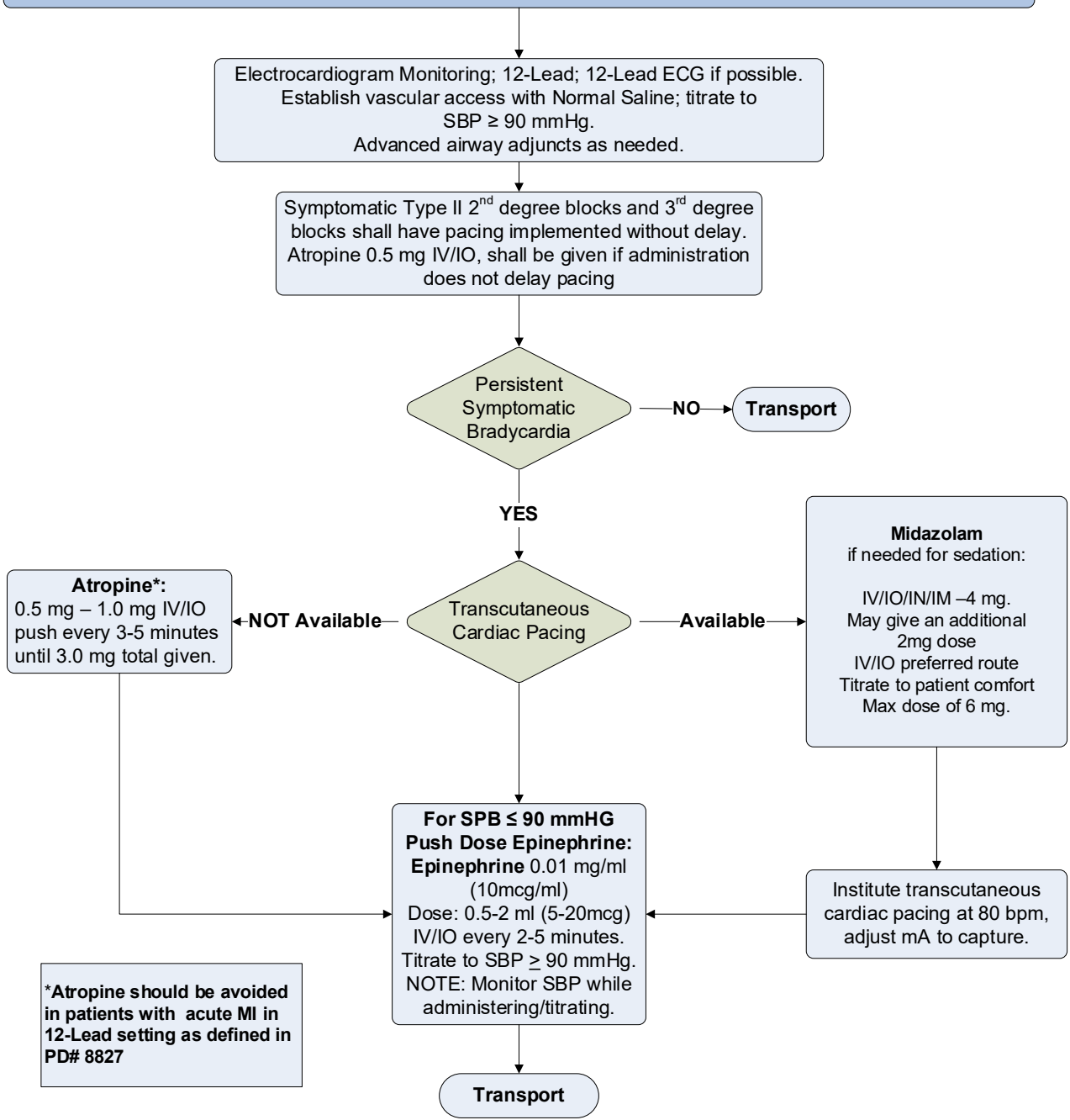
Search for and treat possible contributing factors:

1. Hypovolemia
2. Hypoxia
3. Hydrogen Ion (acidosis)
4. Hypo-/hyperkalemia
5. Hypoglycemia
6. Hypothermia
7. Tamponade (Cardiac)
8. Thrombosis (coronary or pulmonary)
9. Tension Pneumothorax
10. Trauma (hypovolemia, increased ICP)
11. Toxins

ADULT BRADYCARDIA

Protocol applies to adults who are symptomatically bradycardic with a heart rate of < 50 bpm documented by monitor, a systolic blood pressure (SBP) < 90 mmHg, -AND- other signs or symptoms of hypoperfusion that may include decreased sensorium, diaphoresis, chest pain, capillary refill greater than two seconds, cool extremities, or cyanosis.

- Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
- Profound bradycardia may require Cardiopulmonary Resuscitation (CPR)



***Atropine should be avoided in patients with acute MI in 12-Lead setting as defined in PD# 8827**

