PULSE

2

Primary Assess:
A.B.C.D.E.
Secondary Assess:
S.A.M.P.L.E.

BRADYCARDIA

3A

Hypotensive?
Altered LOC?
Signs of Shock?
Ischemic Chest Discomfort?
Acute Heart Failure?

NO → 4A

YES →

Sinus Bradycardia *< 60 bpm*

3rd degree AV Block

5A

ATROPINE
0.5 mg every 3-5 mins.
Max. 3 mg
TCP
(TRANSCUTANEOUS PACING)
Demand Mode, 60-70 ppm, 2-3 mV or 20-30 mA
OR
DOPAMINE
2-20 mcg/kg per min
OR
EPINEPHRINE
2-10 mcg/min

6A

Consider:
- Expert Consulation
- Transvenous Pacing

4A

Monitor and Observe

Consider Probable Causes
H & T's

- **H**ypoxemia
- **H**ypovolemia
- **H**yper /Hypokalemia
- **H** (Acidosis)
- **H**ypothermia
- **T**ension Pneumothorax
- **T**amponade, Cardiac
- **T**oxins
- **T**hrombosis, PE
- **T**hrombosis, ACS

TACHYCARDIA

3B

Hypotensive?
Altered LOC?
Signs of Shock?
Ischemic Chest Discomfort?
Acute Heart Failure?

NO →

4B

Vagal Stimulation
Narrow QRS only

5B

ADENOSINE
6 mg Rapid IV push
12 mg Rapid IV push
For Regular and Monomorphic Rhythms

6B

AMIODARONE
15O mg over 10 mins., dilute in D5W in 100 cc, maintenance infusion: 1 mg/min for the first 6 hrs; max dose 2 g in 24 hrs;

PROCAINAMIDE
20-50 mg/min., max dose 17 mg/kg, maintenance infusion: 1-4 mg/min

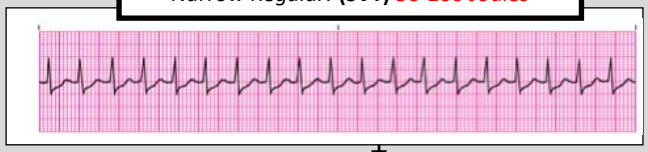
SOTALOL
100 mg IV over 5 mins.

YES →

SYNCHRONIZED CARDIOVERSION

7B

Narrow Regular: **(SVT) 50-100 Joules**



8B

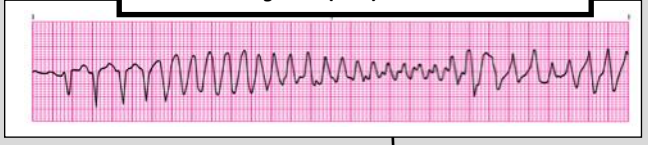
Narrow Irregular: **(Afib) 120-200 Joules**

9B

Wide Regular: **(VT) 100 Joules**

10B

Wide Irregular: **(TdP) Defib 120-200 J**



Consider Expert Consultation

06-01-2016

Based on AHA 2016 Guidelines