



**Assess using the ABCDE approach**

- Monitor SpO<sub>2</sub> and give oxygen if hypoxic
- Monitor ECG and BP, and record 12-lead ECG
- Obtain IV access
- Identify and treat reversible causes (e.g. electrolyte abnormalities)

**Adverse features?**

- Shock
- Syncope
- Myocardial ischaemia
- Heart failure

Yes

No

**Atropine 500 mcg IV**

**Satisfactory response?**


No

Yes

**Consider interim measures:**

- Atropine 500 mcg IV repeat to maximum of 3 mg
- OR
- Transcutaneous pacing
- OR
- Isoprenaline 5 mcg min<sup>-1</sup> IV
- Adrenaline 2-10 mcg min<sup>-1</sup> IV
- Alternative drugs\*

**Seek expert help**  
**Arrange transvenous pacing**



**Risk of asystole?**

- Recent asystole
- Mobitz II AV block
- Complete heart block with broad QRS
- Ventricular pause > 3 s

Yes

No

**Continue observation**

**\* Alternatives include:**

- Aminophylline
- Dopamine
- Glucagon (if bradycardia is caused by beta-blocker or calcium channel blocker)
- Glycopyrrolate (may be used instead of atropine)