Adult Bradycardia Algorithm

Assess using the ABCDE approach
- Monitor SpO₂ 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

Atropine 500 mcg IV

Satisfactory response?
- No
- Yes

Consider interim measures:
- Atropine 500 mcg IV repeat to maximum of 3 mg
- Transcutaneous pacing
- Isoprenaline 5 mcg min⁻¹ IV
- Adrenaline 2-10 mcg min⁻¹ 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

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)