

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8024.37
	<u>PROGRAM DOCUMENT:</u> Cardiac Dysrhythmias	Initial Date:	10/26/94
		Last Approval Date:	06/13/24
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To establish treatment standards for Bradycardic, Supraventricular Tachycardia, and Ventricular Tachycardia Dysrhythmias with pulses 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:

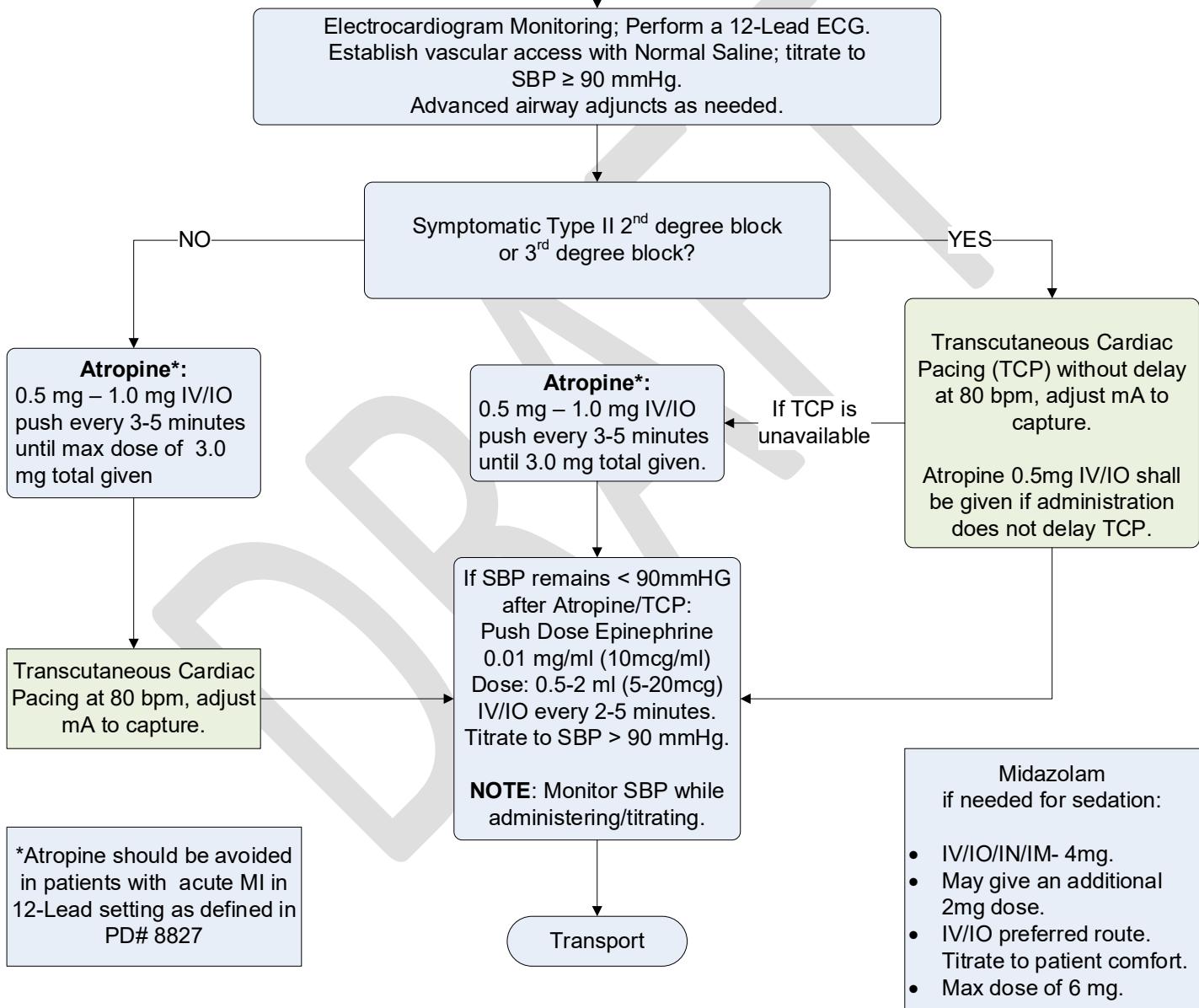
Symptomatic Bradycardia and Tachycardia Dysrhythmias frequently have an underlying cause that should be recognized and treated. It is critically important to determine the cause of the patient's instability in order to properly direct treatment.

Search for and treat possible contributing factors:

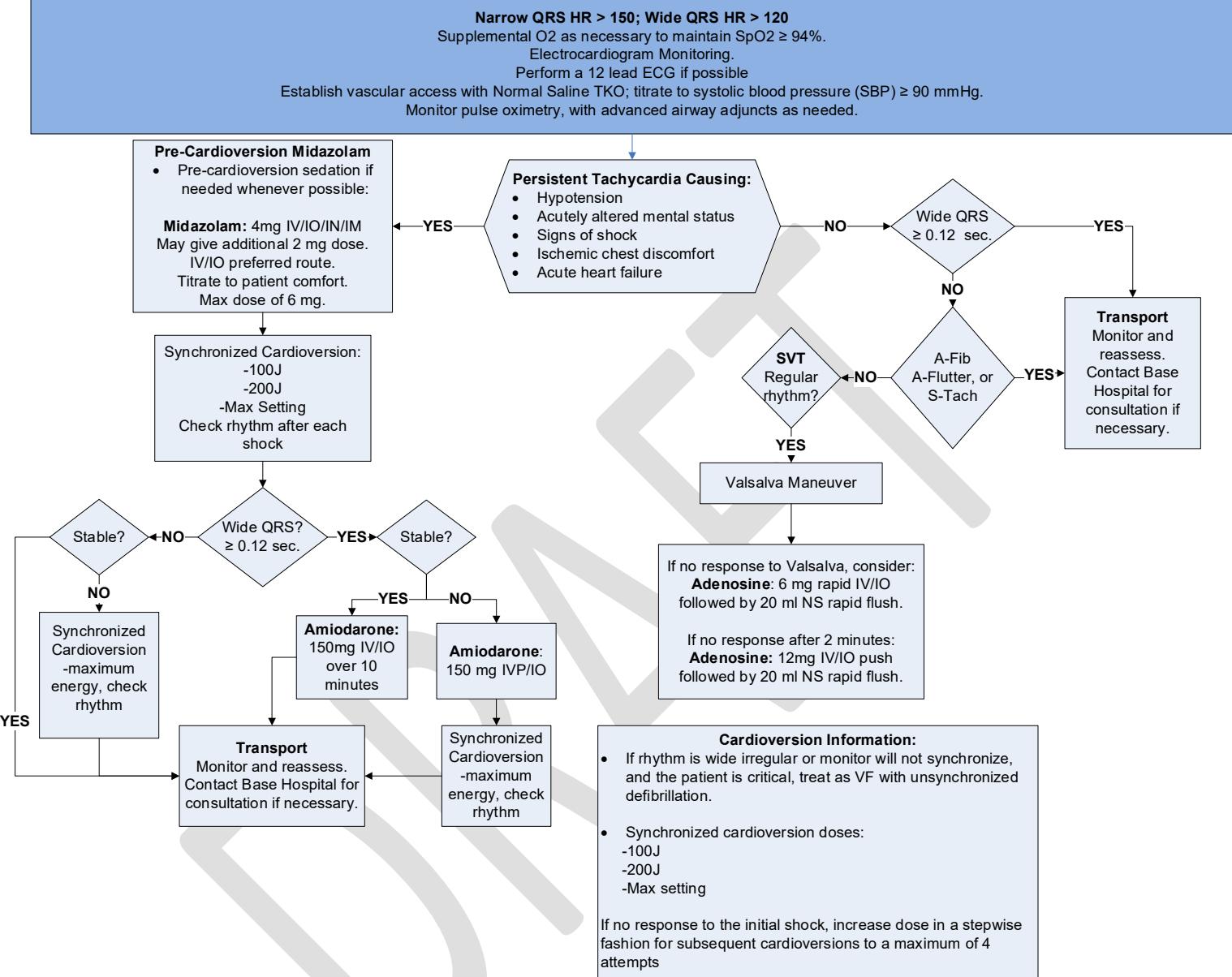
1. Hypovolemia
2. Hypoxia
3. Hydrogen Ion (acidosis)
4. Hypo-/hyperkalemia
5. Hypoglycemia
6. Hypothermia
7. Tamponade (Cardiac)
8. Thrombosis (coronary or pulmonary)
9. Tension Pneumothorax
10. Trauma (hypovolemia, increased ICP)
11. Toxins

• **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)**



Adult Tachycardia with Pulses



Cross Reference: PD# 8810 – Transcutaneous Cardiac Pacing