



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

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⁻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

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)