BRADYCARDIA REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Is heart rate less than 50 and is any of the following present?

Syncope / Pre-Syncope

Altered mental status

Symptoms of angina or heart failure

Unsteady ambulation

Systolic BP less than 90 mmHg

Highly symptomatic

Abnormal EKG

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Are any of the following present?

Fatigue

Pre-Syncope

Mild to moderate symptoms

Conduction abnormality or HR less than 40

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

No symptoms

Normal EKG

If heart rate is consistently greater than 40

SUGGESTED PREVISIT WORKUP

Seek emergent consultation and or 911

SUGGESTED WORKUP

Seek consultation

EKG

Consider a Holter monitor or Event recorder

Labs

TSH, CBC, BMP

SUGGESTED MANAGEMENT

EKG

Labs TSH, CBC, BMP

CLINICAL PEARLS

- Bradycardia in and of itself is not pathologic. It may be due neurocardiogenic factors, hypothyroidism, or, in rare cases, ischemia. In circumstances in which bradycardia is associated with symptoms, especially syncope, presyncope, effort intolerance, a cardiology consult is indicated. If patients are pre-syncopal, hypotensive, or experience heart failure, a referral directly to emergency care may be the most prudent approach.
- Review patient's current medications, which may contribute to patient's symptoms



A department of Maine Medical Center

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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