### 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

### Suggested Previsit Workup

Seek emergent consultation and or 911

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### 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 syncpe, pre-syncpe, 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

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### Suggested Consultation or Co-Management

### Symptoms and Labs

Are any of the following present?
- Fatigue
- Pre-Syncope
- Mild to Syncope
- Conduction abnormality or HR less than 40

### Suggested Workup

Seek consultation

- EKG
- Consider a Holter monitor or Event recorder
- Labs
  - TSH, CBC, BMP

### Suggested Routine Care

### Symptoms and Labs

No symptoms
- Normal EKG

If heart rate is consistently greater than 40

### Suggested Management

- EKG
- Labs
  - TSH, CBC, BMP

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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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