

# 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](http://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

#### SUGGESTED PREVISIT WORKUP

- Seek emergent consultation and or 911

## 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

#### SUGGESTED WORKUP

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

## LOW RISK

### 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

## 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, pre-syncope, 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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