EMERGENCY MEDICINE PRACTICE
EBMEDICINE.NET
AN EVIDENCE-BASED APPROACH TO EMERGENCY MEDICINE

Risk Management Pitfalls For Bradydysrhythmias In The Emergency Department

1. **"The initial ECG looks fine, and I'm not that impressed with the history. I'm sure the patient is fine."** Many bradydysrhythmias are transient and intermittent in nature. Upon initial evaluation, it is not uncommon to have a normal ECG and an asymptomatic patient. Don't make any final decisions based on a single ECG. Two ECGs are better than one, and continuous monitoring in the ED is even better.

2. **"I know she passed out at home, but she looks fine now, and she really wants to go home."** It can be tempting to discharge an asymptomatic patient home, especially if she is eager to leave. Remember that the absence of symptoms now does not mean there will be no recurrence. Make sure that there is a clearly identifiable (and reversible or avoidable) cause of symptoms if you plan on discharging a patient home.

3. **"I didn't check the medical record because he said this has never happened before."** With the pervasiveness of electronic health records, it is becoming difficult to justify failure to review a patient's records of previous encounters. Patients may not be able to accurately answer whether they have had dysrhythmias in the past. A quick review of the record may uncover additional history that can make a big difference.

4. **"I was so focused on the bradycardia that I totally missed the ST changes in the inferior leads."** Inferior ischemia and myocardial infarction are frequently associated with bradydysrhythmias. Don't forget to scan through the inferior leads of the ECG to make sure the patient doesn't need emergent revascularization.

5. **"It looks like second-degree type II block on the ECG. We can probably admit him to the floor."** Even if the patient appears asymptomatic now and a majority of the beats are being conducted, remember that, in certain settings, second-degree type II blocks can rapidly degrade to complete heart block. Strongly consider admitting the patient to an intensive care unit for closer monitoring.

6. **"I didn't even think to ask about travel history or tick bites."** Infectious causes of bradydysrhythmias, including Chagas or Lyme disease, may not be common if your ED is not within an endemic area; however, for patients who have lived in or traveled to endemic areas, asking about this may identify the underlying cause.

7. **"We were so busy focusing on the therapy that I overlooked the fistula in the patient's arm."** Clues to the underlying cause of the conduction abnormality may be evident on examination. Make sure you look for evidence of dialysis catheters or fistulas if you are considering the likelihood of hyperkalemia.

8. **"He said he had been on the same digoxin dose for the past few years, so I didn't check."** In the setting of digoxin therapy (which is known to cause bradydysrhythmias), don't forget to check drug levels. If recognized as the offending toxin, antibody antidote therapy may be the only treatment for the dysrhythmia.

9. **"A heart rate of 45 beats/min in a 25-year-old? I can't find a reason for her to have any cardiac disease."** Not all causes of bradydysrhythmias are cardiac in nature. Don't overlook intra-abdominal pathology as a potential cause. Broaden your differential to include these reflex-mediated syndromes.

10. **"I was so pleased I could explain the patient's syncope with the sinus bradycardia that I completely missed the other injuries."** Although the evaluation and identification of syncope are important to signal bradydysrhythmia as a potential factor in trauma, do not overlook other injuries the trauma patient may have sustained. Especially in the elderly, be sure to evaluate for extremity fractures, head trauma, and other injuries following syncope and falls.

5550 Triangle Parkway, Suite 150 / Norcross, GA 30092 • Phone: 1-800-249-5770 or 678-366-7933
Fax: 1-770-500-1316 • Email: ebm@ebmedicine.net • Web: www.ebmedicine.net
EB MEDICINE

ANNOUNCING:

Emergency Medicine Practice Discount

5550 Triangle Pkwy, Ste 150♦ Norcross, GA 30092
1-800-249-5770 or 1-678-366-7933 / Fax: 1-770-500-1315
ebm@ebmedicine.net♦www.ebmedicine.net

EB MEDICINE

Shipping information:

Name: _____

Address: _____

_____

City, State, ZIP: _____

Phone number: _____

E-mail address: _____

We respect your privacy, and we hate spam as much as you do! We will never share your email address, and you can easily opt out at any time.

Subscription Discount Offer

Yes! Start my *Emergency Medicine Practice* subscription with this exclusive discount. *Promotion Code EMPWYD. Please check one:*
o One-year subscription (12 issues)—only $279 (a $50 savings) **OR**
o Two-year subscription (24 issues)—only $538 (a $120 savings)

Payment options:
Bill my: o **Visa** o **Mastercard** o **American Express**

Card # _____ Exp. _____

Signature *(required)*: _____

OR o **Check enclosed** *(made payable to EB Medicine)*

I also receive ***An Evidence-Based Approach to Techniques & Procedures***—a $149 e-book—free.

DESCRIPTION	AMOUNT
Emergency Medicine Practice: 12 monthly evidence-based print issues per year	$279 **$50 off!**
48 *AMA PRA Category 1 Credits™*, 48 ACEP Category 1 credits, 48 AAFP Prescribed credits, and 48 AOA Category 2B CME credits per year	FREE
Full online access to searchable archives, CME testing, and an additional 144 *AMA PRA Category 1 Credits™*, 144 ACEP Category 1 credits, 144 AAFP Prescribed credits, and 144 AOA Category 2B CME credits	FREE
Our Guarantee: Try it for 12 full months. If you feel at any time (even on the last day of the 12-month period!) that *Emergency Medicine Practice* has not helped you improve your quality of patient care, just ask for a full refund. No questions asked. None!	INCLUDED
Bonus E-book: *Techniques & Procedures Of The 21st Century*, including 16 CME credits ***Get up to speed with these compelling chapters:*** Emergency Endotracheal Intubations: An Update On The Latest Techniques; Procedural Sedation In The ED: How, When, And Which Agents To Choose; Noninvasive Airway Management Techniques: How And When To Use Them; and Emergency Imaging: Where Does Ultrasound Fit In?	INCLUDED
Your *Emergency Medicine PRACTICE* subscription gives you: • An evidence-based approach to the most common -- and the most critical patient presentations • Diagnosis and treatment recommendations solidly based in the current literature • Risk management pitfalls that help you avoid costly errors • Management algorithms that help you practice more efficiently • A cost- and time-effective way to stay up to date and earn CME	INCLUDED

Four Easy Ways To Order:

1. **Call** toll free: 1-800-249-5770
2. **Fax** this form to 770-500-1316
3. **Mail** this form to EB Medicine / 5550 Triangle Pkwy, Ste 150 / Norcross GA 30092
4. **Go to http://ebmedicine.net/subscribe**, choose the publication, click Continue, enter Promotion Code EMPWYD, and click "Update Cart."