Responding to Low Heart Rate (Bradycardia)

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What is Bradycardia?

Bradycardia is when the heart is beating too slowly. This happens when the heart rate (or pulse) is less than 60 beats per minute. This is dangerous because it can reduce blood flow to vital organs and lead to serious complications. It can be caused by medical conditions or by substances found in the unregulated drug supply.

Recently, non-opioid sedatives—like medetomidine—have been increasingly found in drug checking samples[1]. Medetomidine can cause low heart rate (bradycardia), prolonged sedation, and changes in blood pressure. The effects of substance-related bradycardia can happen during an opioid poisoning or after a person has used unregulated opioids.

Symptoms of Bradycardia

Bradycardia can reduce blood flow and oxygen to the body and brain. This can cause the following signs and symptoms:

- Dizziness,
- Feeling lightheaded,
- Confusion,
- Difficulty thinking or answering,
- Shortness of breath when moving or sitting still,
- Fatigue,
- Fainting, and
- Chest pain

Call 911 and transfer to hospital if the person has:

- **Pulse less than 60 beats per minute with any of the symptoms listed above, OR**
- **Pulse less than 50 beats per minute.**

[1] BCCSU Drug Checking: October 2025 Data

Responding to Bradycardia During an Opioid Poisoning

People in community have been reporting increasing bradycardia during opioid poisoning events. Bradycardia can make opioid poisonings more dangerous because it lowers blood pressure and reduces the amount of oxygen delivered to the body. This means vital organs like the brain may not get enough blood and oxygen.

When bradycardia happens during an opioid poisoning, it takes longer for naloxone to reach the brain and restore breathing. This can make responding to the poisoning more complex.

Follow the SAVE ME steps to respond to opioid poisoning. See the next page for a full description of the SAVE ME steps.

Always check pulse during **A**irway and **E**valuate steps. Do not spend more than 10 seconds checking for a pulse.

If at any time there is no pulse, start CPR with rescue breathing and compressions. Use an automated external defibrillator (AED) if available.

Support & Monitoring of Bradycardia After an Opioid Poisoning

After the opioid poisoning has been reversed and breathing is back to normal, provide supportive care until emergency health services arrive.

If the person has bradycardia after opioid poisoning is reversed:

- Continue to monitor breathing, responsiveness, and pulse. Prepare AED if one is available.
- Start CPR if you cannot find a pulse within 10 seconds. Use an AED if one is available.
- Keep them warm by providing a blanket or extra clothing. Low body temperature can make the heart beat slower.
- Help them into a comfortable position. Encourage them to lie flat on their back with their legs up to increase blood flow to vital organs and to prevent injury from fainting. If they do not want to lie down, encourage them to sit in a chair.
- If they are confused, tell them where they are and what you are doing.

Advanced activities regulated healthcare providers can do (depending on the equipment available and the provider's scope) include:

- Check vital signs: heart rate, blood pressure, temperature, respiratory rate, and oxygen saturation.

How to Respond to an Opioid Poisoning

S — Stimulate

Check if they are responsive

1. Speak to them
2. Squeeze their fingertips or the muscle between the neck and shoulder

If they are not responsive call 9-1-1

A — Airway

1. Check if they are breathing normally
2. Check pulse (heartbeat) for less than 10 seconds
3. Remove anything in their mouth
4. Insert airway (if trained and permitted)

V — Ventilate

1. Lift chin and tilt head back
2. Give 1 breath every 5 seconds
3. Keep giving breaths until breathing normally

E — Evaluate

1. Check breathing again
2. Check responsiveness
3. Check pulse for less than 10 seconds

M — Medicate

Give 1 dose of naloxone if they are not breathing normally:

- Inject **1 ampoule** (0.4 mg) into arm or thigh muscle **OR**
- Give **1 intranasal spray** (4 mg) in one nostril

E — Evaluate & Support

1. Keep giving breaths
2. Check breathing again
3. Give another dose of naloxone every 3 minutes until breathing normally

Responsiveness means:

- Awake and alert **OR**
- Easy to wake up

Breathing normally means:

- Taking 12 or more breaths per minute **AND**
- No unusual breathing sounds (e.g. gurgling)

If at any time:

There is NO PULSE:
Start CPR with rescue breathing and compressions

They start breathing normally:

- Place them on their side
- Do not leave them alone
- Keep monitoring them
- Repeat SAVE ME if their breathing changes
- **STOP** giving naloxone when they are breathing normally – even if they are still unresponsive

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- Monitor pulse rate and rhythm.
- Assess tissue perfusion: Evaluate skin temperature and colour, dizziness, confusion, chest pain, pulse strength, shortness of breath, numbness, tingling, capillary refill time.
- Provide supplemental oxygen if oxygen saturation is less than 94%.
- Ask about relevant medical history and medications.

If the person declines transfer to the hospital:

- Explain the risks of untreated bradycardia. These include fainting, injury from falling, poor blood flow to vital organs, and, in severe cases, sudden cardiac arrest.
- Encourage them to stay where they are to be monitored for at least 30 minutes.
- Encourage them to accept transport to hospital for severe symptoms such as chest pain, fainting, confusion, or shortness of breath.
- If the person becomes unresponsive or their heart stops, start CPR, call 9-1-1, and use an AED.

Responding to Bradycardia with No Symptoms

Sometimes people have bradycardia and no symptoms. If the person has bradycardia with no symptoms and is not experiencing an opioid poisoning:

- Call 9-1-1 if their pulse is below 50 beats per minute so they can be transferred to the hospital.
- Keep them warm by providing a blanket or extra clothing. Low body temperature can make the heartbeat slower.
- Help them into a comfortable position. Encourage them to sit down.
- Check their pulse every 5-10 minutes or if they develop any signs or symptoms of bradycardia. Call 9-1-1 if they develop signs or symptoms or if their pulse drops below 50.
- Monitor breathing and responsiveness.
- After monitoring for at least 30 minutes,
    - Teach them the signs and symptoms of bradycardia,
    - Advise the person to call 9-1-1 and go to the hospital if they have any symptoms,
    - Encourage the person to follow up with their family doctor or nurse practitioner. Tell their care provider they experienced low heart.

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- Assess tissue perfusion: Evaluate skin temperature and colour, dizziness, confusion, chest pain, pulse strength, shortness of breath, numbness, tingling, capillary refill time.
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- Ask about relevant medical history and medications.

Anyone can call the Drug and Poison Information Centre at 1-800-567-8911 to get expert guidance on exposure to substances.

For more resources on overdose prevention and response visit www.towardtheheart.com.