



Pediatric Bradycardia – With Pulses

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Next Review: As Needed

Search For Possible Contributing Factors

- Hypovolemia - Hypoxia - Hydrogen Ion (Acidosis) - Hypo-/hyperkalemia - Hypothermia
- Tamponade, cardiac - Tension pneumo - Thrombosis, pulmonary - Thrombosis, cardiac - Toxins

Signs of Cardiopulmonary Compromise

- Acutely altered mental status - Hypotension - Signs of shock

BLS

- Assess and support ABC's
- High flow O₂, assist ventilation with BVM as needed
- Assess V/S, including SpO₂
- **Start CPR if HR <60/min with signs of poor perfusion despite oxygenation/ventilation**

LALS

Consider IV/IO NS (may bolus 20 mL/kg)

Cardiac monitor (AEMT II ONLY)

Persistent symptomatic bradycardia?

NO

Monitor & reassess

YES

AEMT II ONLY

- Epinephrine 1:10,000**
- IV/IO: 0.01 mg/kg (0.1 mL/kg)
 - Repeat every 3 – 5 minutes

AEMT II ONLY

- Atropine (if no response to epinephrine)**
- IV/IO: 0.02 mg/kg
 - Maximum single dose: 0.5 mg