



Pediatric Bradycardia With Pulses

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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
- Assess V/S, including SpO₂
- O₂ at appropriate rate if hypoxemic (SpO₂ <94%) or short of breath
- Start CPR if HR <60/min with signs of poor perfusion despite oxygenation/ventilation

LALS

- Cardiac & EtCO₂ monitoring (**AEMT II**)
- Consider IV/IO NS (may bolus 20 mL/kg)

Persistent symptomatic bradycardia?

NO

Monitor & reassess

YES

Epinephrine 1:10,000 (AEMT II)

- IV/IO: 0.01 mg/kg (0.1 mL/kg)
- Repeat every 3-5 mins

Atropine (AEMT II) – if no response to epinephrine

- IV/IO: 0.02 mg/kg
- Min dose: 0.1 mg
- Max single dose: 0.5 mg