

PEDIATRIC BRADYCARDIA

ALWAYS USE STANDARD PRECAUTIONS

INDICATION

- HR < 60 causing cardio-respiratory compromise

CRITICAL INFORMATION

- Treat according to length based color-coded resuscitation tape. Apply corresponding wrist band.
- Neonate = birth to four weeks; infant = four weeks to 1 year; child = 1-14 years; adolescent = >14 years
- History of exposure to substances or medications

TREATMENT

- ALS RMC
- 12-lead ECG
- Obtain IV/IO access
- If responsive and no signs of shock
 - Monitor and transport
- If shock present:
 - Assist respirations with BVM prn
 - CPR if < 8 years and HR < 60 after effective ventilations
 - Epinephrine** 0.01 mg/kg IV/IO (0.1mg/ml concentration); MR q 3-5 min.
 - If first degree block or Mobitz type I, **Atropine** 0.02 mg/kg IV/IO (max single dose: 0.5 mg; minimum single dose: 0.1 mg); MR x 1
 - ET tube placement approved for patients who are 12 years of age or older or height greater than the length of the color-coded resuscitation tape.
 - King Airway approved as a rescue airway for patients who are 12 years of age or older and 4 feet tall
- Consider cardiac pacing if no response to above treatment.

SPECIAL CONSIDERATIONS

- Consider and treat possible contributing factors:

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| <ul style="list-style-type: none"> Hypovolemia Hypoxemia Hydrogen ion (acidosis) Hypo/Hyperkalemia Hypoglycemia Hypothermia | <ul style="list-style-type: none"> Toxins (overdoses) Tamponade, cardiac Tension pneumothorax Thrombosis (coronary / pulmonary) Trauma |
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RELATED POLICIES/ PROCEDURES

- External Cardiac Pacing Procedure ALS PR 11