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:
  - Hypovolemia
  - Hypoxemia
  - Hydrogen ion (acidosis)
  - Hypo/Hyperkalemia
  - Hypoglycemia
  - Hypothermia
  - Toxins (overdoses)
  - Tamponade, cardiac
  - Tension pneumothorax
  - Thrombosis (coronary / pulmonary)
  - Trauma

RELATED POLICIES/ PROCEDURES
- External Cardiac Pacing Procedure ALS PR 11