**PEDIATRIC BRADYCARDIA**

**Indications**
- HR <60 causing cardio-respiratory compromise

**ALS RMC**
- 12-lead EKG
- IV/IO Access

**Signs of shock present?**
- No
  - Monitor and transport
- Yes
  - Assist respirations with BVM as needed
  - CPR if <8 yrs and HR <60 after effective ventilations
  - **Epinephrine** 0.01mg/kg (0.1mg/ml) IV/IO
    - MR q 3-5 min

**SPECIAL CONSIDERATION**

**Reversible causes:**
- Hypovolemia
- Hypoxia
- Hydrogen Ion (Acidosis)
- Hypo/Hyperkalemia
- Hypothermia
- Tension Pneumothorax
- Tamponade (cardiac)
- Toxins
- Thrombus
- Trauma

**If 1st° block or Mobitz type I**
- **Atropine** 0.02mg/kg IV/IO
  - Max single dose: 0.5mg
  - Minimum single dose: 0.1mg
  - MR x1 in 3-5min

**Advanced airway placement approved for patients whose height is greater than the length of the color-coded resuscitation tape and unable to ventilate with BVM**

**Consider pacing if no response to above treatment**