

# PEDIATRIC BRADYCARDIA

ALWAYS USE BODY SUBSTANCE ISOLATION 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:
  - Chest compressions if HR < 60 and patient is < 8 years with poor perfusion:
  - **Epinephrine** 1:10,000 IV/IO: 0.01 mg/kg (0.1 ml/kg); MR q 3-5 min.
  - If first degree block or Mobitz type I, **Atropine** 0.02 mg/kg IV/IO (max single dose: 1 mg; minimum single dose: 0.1 mg); MR x 1
  - Consider endotracheal intubation
- If vascular access is not possible or delayed:
  - **Epinephrine** 1:1,000 (0.1 ml/ kg) ET. MR q 3-5 min.
  - **Atropine** 0.03 mg/kg ET (min. dose 0.1mg; max. dose 0.5 mg for child/ 1 mg adolescent); MR X 1
- Consider cardiac pacing if no response to above treatment.

## SPECIAL CONSIDERATIONS

- Consider and treat possible contributing factors:

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

- External Cardiac Pacing Procedure ALS PR 11