

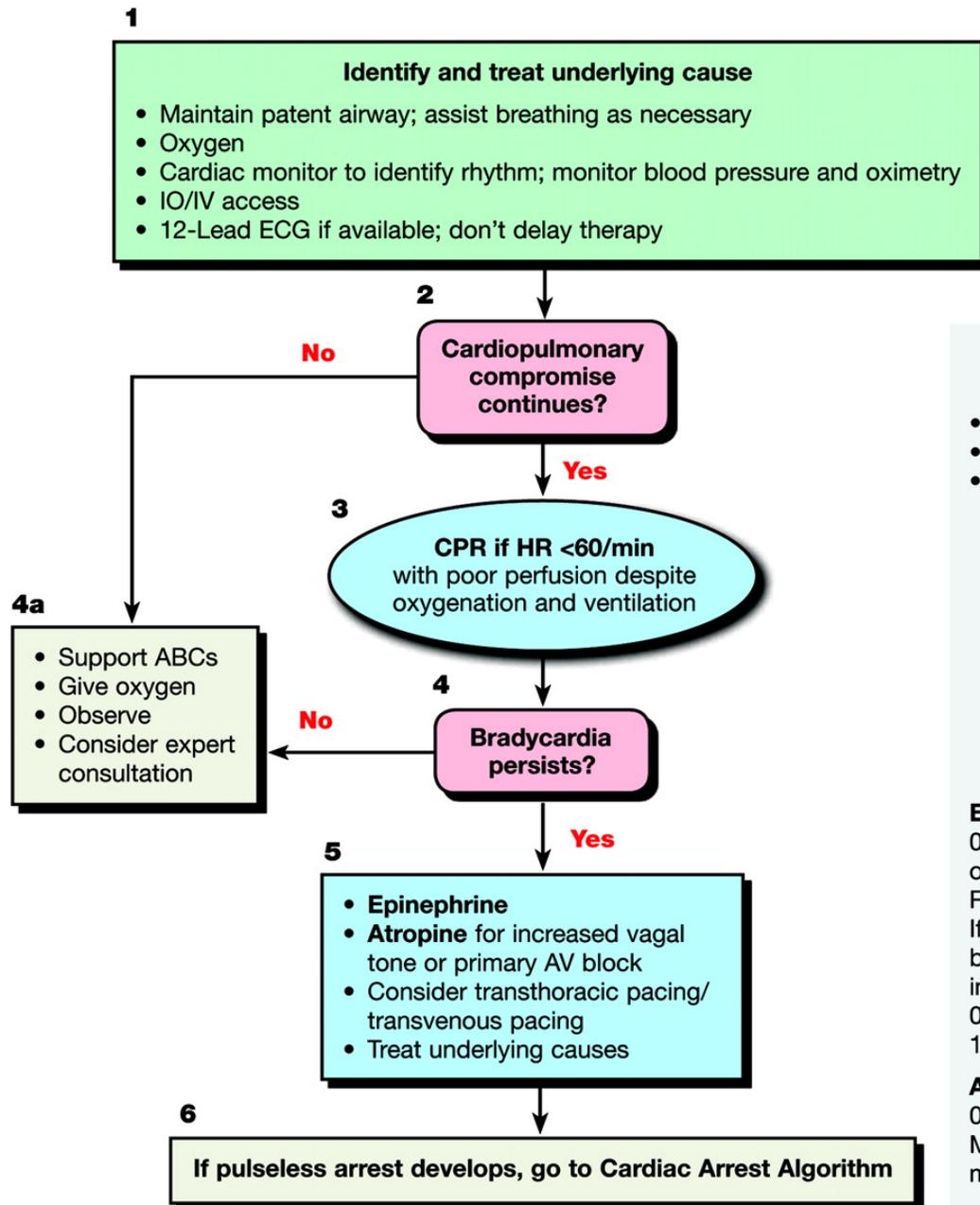
# BRADYCARDIA- PEDIATRIC

<b>EMR</b>	<ul style="list-style-type: none"> <li>❑ Routine Medical Assessment and Intervention.</li> <li>❑ Oxygen as indicated</li> <li>❑ <b>If HR &lt;60/min initiate chest compressions at a rate of at least 100 per minute per AHA guidelines.</b></li> <li>❑ <b>Continue compressions and continue to reassess</b> until advanced life support arrive.</li> <li>❑ Ensure concurrent use of Airway guideline(s).</li> <li>❑ Determine underlying cause if able</li> <li>❑ Rotate crew member performing chest compressions every two minutes.</li> </ul>	<b>EMR</b>
<b>EMT</b>	<ul style="list-style-type: none"> <li>❑ If patient has no gag reflex, may consider placement of appropriately sized <b>King airway</b> if authorized and trained.</li> <li>❑ Initiate <b>capnography</b> if available/trained and appropriate (King Airway placed).</li> </ul>	<b>EMT</b>
<b>AEMT</b>	<ul style="list-style-type: none"> <li>❑ <b>Initiate peripheral IV/IO line.</b></li> <li>❑ <b>Normal saline infusion</b> at TKO rate unless volume loss suspected. If volume loss, give 20ml/kg fluid challenge.</li> <li>❑ <b>Look for causes of arrest</b></li> </ul>	<b>AEMT</b>
<b>EMT-I</b>	<p><b><i>UNRESPONSIVE TO CPR/RESPIRATIONS:</i></b></p> <ul style="list-style-type: none"> <li>❑ <b>Epi 1:10,000, 0.01 mg/kg IV/IO</b>, repeat q 3-5 min throughout resuscitation efforts.</li> <li>❑ <b>Atropine 0.02mg/kg IV/IO</b> (minimum of 0.1 mg, maximum of 0.5 mg) may repeat x 1</li> </ul>	<b>EMT-I</b>
<b>PARAMEDIC</b>	<p><b><i>UNRESPONSIVE TO EPI AND/OR ATROPINE:</i></b></p> <ul style="list-style-type: none"> <li>❑ <b>Consider transcutaneous pacing (TCP) – see pacing procedure</b></li> <li>❑ Consider acquisition of <b>12-lead ECG</b></li> </ul>	<b>PARAMEDIC</b>

# BRADYCARDIA- PEDIATRIC CONT.

## Clinical Care Pearls

### Pediatric Bradycardia With a Pulse and Poor Perfusion



#### Cardiopulmonary Compromise

- Hypotension
- Acutely altered mental status
- Signs of shock

#### Doses/Details

**Epinephrine IO/IV Dose:**  
0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If IO/IV access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1 mL/kg of 1:1000).

**Atropine IO/IV Dose:**  
0.02 mg/kg. May repeat once. Minimum dose 0.1 mg and maximum single dose 0.5 mg.