

Pediatric Bradycardia

With a Pulse and Poor Perfusion

1

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary
- Oxygen
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IO/IV access
- 12-Lead ECG if available; don't delay therapy

2

Cardiopulmonary compromise continues?

No

Yes

3

CPR if HR <60/min with poor perfusion despite oxygenation and ventilation

4a

- Support ABCs
- Give oxygen
- Observe
- Consider expert consultation

No

4

Bradycardia persists?

Yes

5

- **Epinephrine**
- **Atropine** for increased vagal tone or primary AV block
- Consider transthoracic pacing/transvenous pacing
- Treat underlying causes

6

If pulseless arrest develops, go to Cardiac Arrest Algorithm

Cardiopulmonary Compromise

- Hypotension
- Acutely altered ment
- 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 (0.1 mg/kg (0.1 mL/kg of 1:1000)).

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