PEDIATRIC BRADYCARDIA

1. Maintain patent airway and assist breathing as necessary, administer **O_2**.
2. Apply cardiac monitor. Perform rhythm assessment, and monitor blood pressure and oximetry.
3. Establish IV/IO access.
4. Apply 12 Lead EKG.

IF CARDIOPULMONARY COMPROMISE EXISTS*:

1. Administer O_2 at 100%, perform advanced airway management.
2. Perform CPR, if despite oxygenation and ventilation the patient's HR < 60/minute with poor perfusion.
3. Administer fluid bolus at 20 ml/kg IV/IO. May repeat up to 60 ml/kg for signs of shock.
4. Administer **epinephrine** at 1:10 000, 0.01 mg/kg IV/IO or 1:1 000, 0.1 mg/kg ET diluted in 3 ml NS q 3-5 minutes.
5. If increased vagal tone or primary AV block, consider **atropine** at 0.02 mg/kg IV/IO (minimum dose of 0.1mg, maximum single dose of 0.5 mg). This drug may be administered via ETT at twice the IV/IO dose.
6. Consider transcutaneous pacing.
7. Identify and treat possible causes:
   - ✓ Hypovolemia
   - ✓ Hypoxia
   - ✓ Hydrogen Ion (acidosis)
   - ✓ **Hypoglycemia**
   - ✓ Hypo/hyperkalemia
   - ✓ Hypothermia
   - ✓ Tension pneumothorax
   - ✓ Tamponade, cardiac
   - ✓ Toxins
   - ✓ Thrombosis pulmonary
8. Transport patient ASAP.

*May include significant respiratory difficulty or one or more of the following signs of shock: altered LOC, capillary refill > 2 seconds, rapid pulse, diminished distal pulses, cool extremities, and hypotension.