

# Pediatric Bradycardia

## Field Treatment - BLS

Field Primary Survey. Assure adequate oxygenation and ventilation (assisted ventilations PRN):

Most bradycardia in children is due to hypoxia. Apply 100% oxygen by non-rebreather mask.

Good BLS airway skills are essential to prevent cardiopulmonary arrest.

Shock position PRN for diminished perfusion.

## Field Treatment - ALS

Normal Perfusion	Diminished Perfusion or Respiratory Distress
Cardiac Monitor	Cardiac monitor
Vascular Access	Advanced airway, PRN
Reassess patient frequently.	If unresponsive and heart rate is less than or equal to 80 than start compressions.
Base Hospital Contact	Vascular Access - may be performed enroute
	<p>Epinephrine (1:10,000) 0.01 mg/kg IV/IO ◆ 0.1 ml/kg; maximum initial dose ◆ 1 mg. or, Epinephrine (1:1000) 0.1 mg/kg ET ◆ 0.1 ml/kg, if no IV or IO. Epinephrine doses up to 0.2 mg/kg (1:1000) ◆ 0.2 ml/kg; repeat doses every 3-5 min.</p> <p>IF NO RESPONSE TO EPINEPHRINE: Atropine: 0.02 mg/kg IV/IO/ET; minimum single dose ◆ 0.1 mg; maximum single dose ◆ 0.5 mg for child; 1 mg for age greater than 10 years. May repeat once five minutes after infusion.</p> <p>Base Hospital Contact</p> <p>Reassess patient frequently.</p>

## Considerations:

Refer to Broselow Tape for drug dosage