

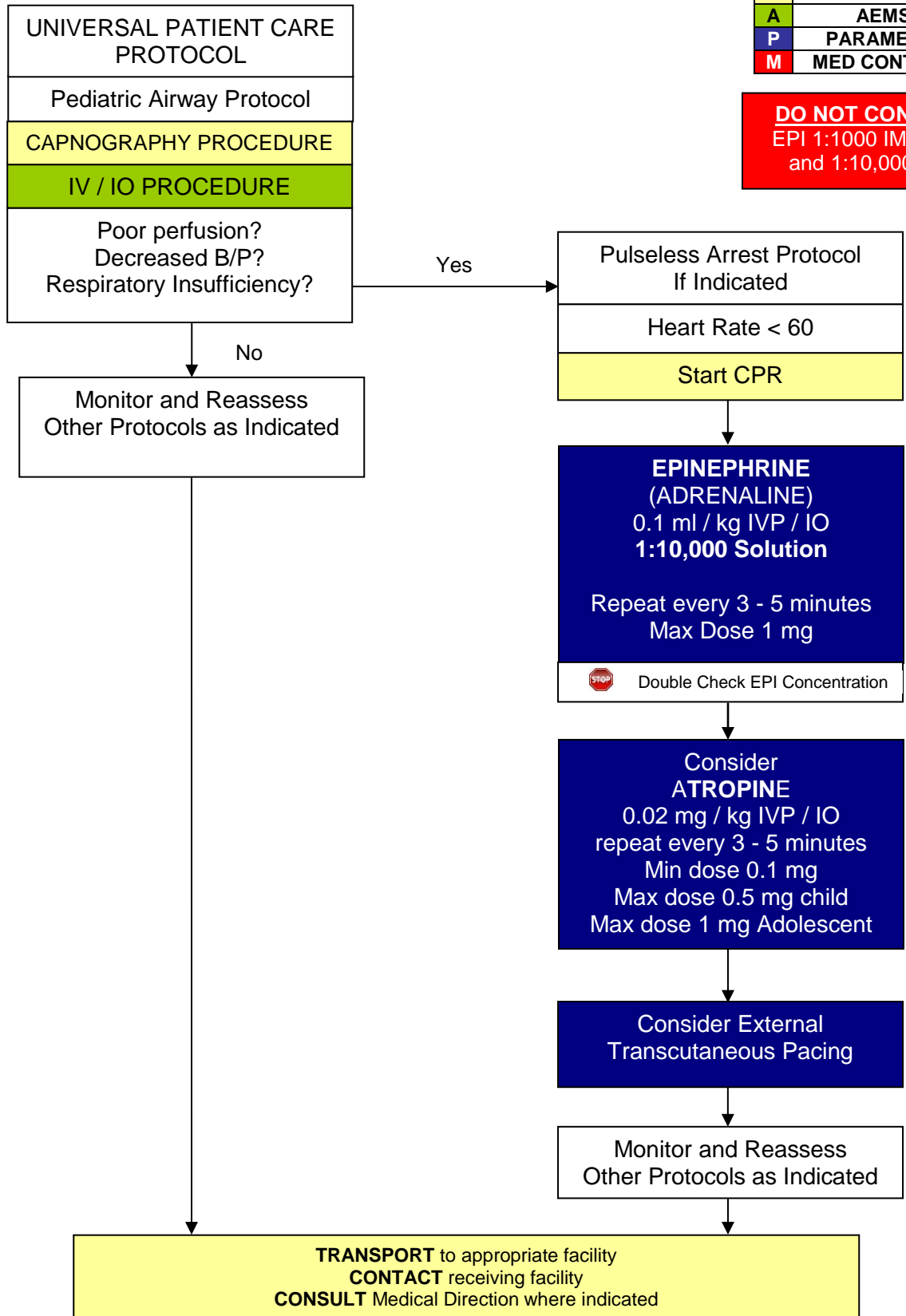


Section 9: Pediatric ACLS Protocols

PEDS ACLS: BRADYCARDIA

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|----------|--------------------|----------|
| | EMT | E |
| A | AEMS | A |
| P | PARAMEDIC | P |
| M | MED CONTROL | M |

DO NOT CONFUSE
EPI 1:1000 IM ONLY
and 1:10,000 IVP





Section 9: Pediatric ACLS Protocols

PEDS ACLS: BRADYCARDIA-Cont.

PEARLS and KEY POINTS

| HISTORY | SIGNS AND SYMPTOMS | DIFFERENTIAL DIAGNOSIS |
|--|--|--|
| <ul style="list-style-type: none">• Past medical history• Foreign body exposure• Respiratory distress or arrest• Apnea• Possible toxic or poison exposure• Congenital disease• Medication (maternal or infant) | <ul style="list-style-type: none">• Hypoxia• Decreased heart rate• Delayed capillary refill or cyanosis• Mottled, cool skin• Hypotension or arrest• Altered level of consciousness• Poor Perfusion• Shock• Short of breath• Pulmonary fluid | <ul style="list-style-type: none">• Respiratory effort• Respiratory obstruction• Foreign body / secretions• Croup / epiglottitis• Hypovolemia• Hypothermia• Infection / sepsis• Medication or toxin• Hypoglycemia• Trauma |

Do Not Confuse Epinephrine 1:1000 IM dose and 1:10,000 IVP dose

- Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Heart Rate < 100 (Neonates)
- Heart Rate < 80 (Infants)
- Heart Rate < 60 (Children > 2 years)
- Infant = < 1 year of age
- Most maternal medications pass through breast milk to the infant.
- The majority of pediatric arrests are due to airway problems.
- Hypoglycemia, severe dehydration and narcotic effects may produce bradycardia.
- Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturers' guidelines.
- Identify and treat possible causes for pediatric bradycardia:
 1. Hypoxia
 2. Hypothermia
 3. Head injury
 4. Heart block
 5. Toxic ingestion / exposure
- Refer to pediatric reference material when unsure about patient weight, age and / or drug dosage.
- The minimum dose of Atropine that should be administered to a pediatric patient is 0.1 mg.
- If the rhythm changes, follow the appropriate protocol.
- Be sure of all medication doses look it up in reference material.