

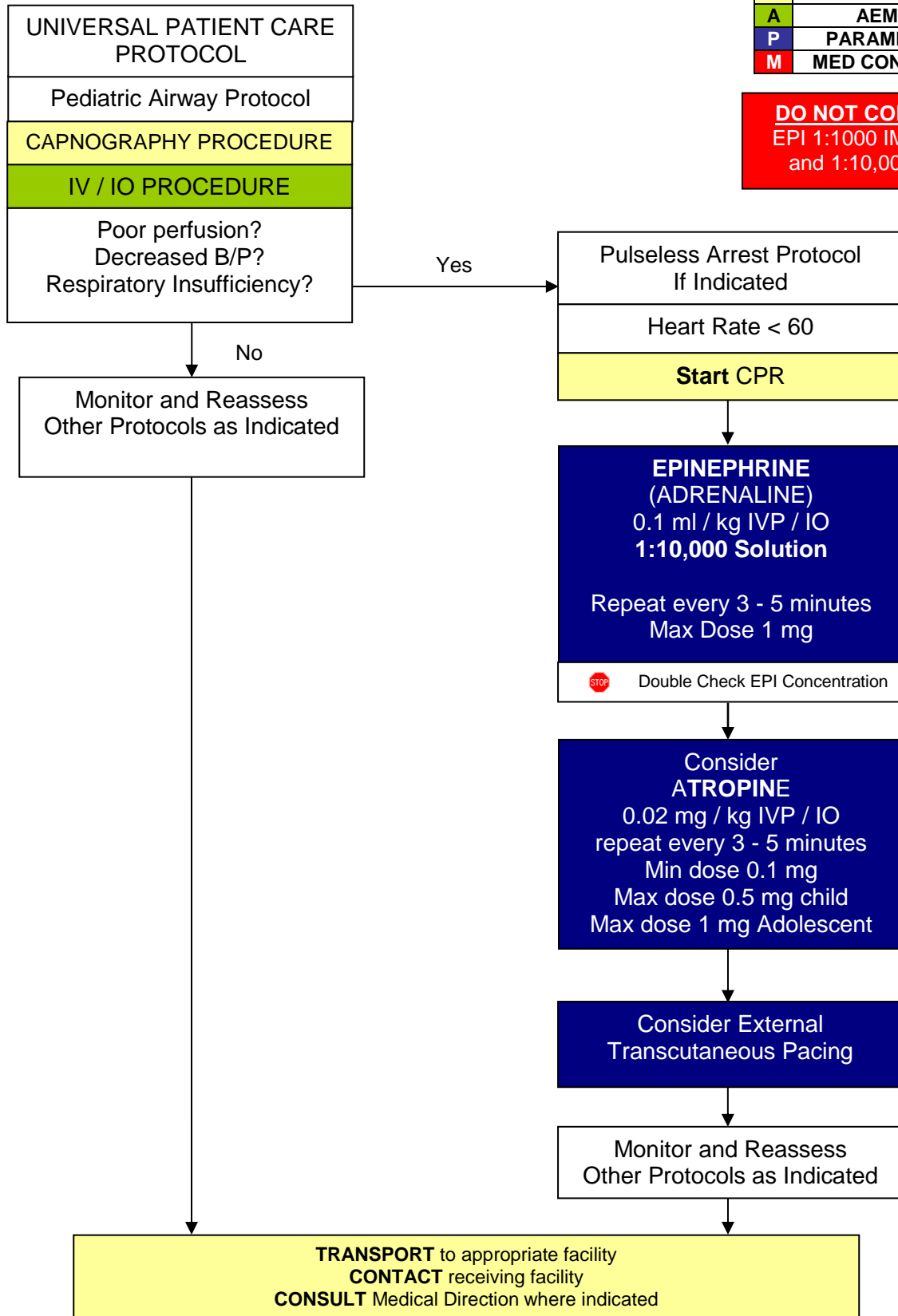


# Section 9: Pediatric ACLS Protocols

## PEDS ACLS: BRADYCARDIA

	<b>EMT</b>	<b>E</b>
<b>A</b>	<b>AEMS</b>	<b>A</b>
<b>P</b>	<b>PARAMEDIC</b>	<b>P</b>
<b>M</b>	<b>MED CONTROL</b>	<b>M</b>

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

**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.