

PATIENT WITH BRADYCARDIA

Cardiopulmonary compromise?

- Acutely altered **mental status**
- **Signs of shock**
- **Hypotension:**

Assessment and Support

- Maintain patent airway
- Assist breathing with positive pressure ventilation and oxygen if necessary
- Cardiac monitor to identify rhythm; monitor pulse, BP and oxymetry

- Support ABCs
- Consider oxygen
- Observe
- 12 lead ECG
- Identify and treat underlying causes

- Start CPR if HR < 60 despite oxygenation and ventilation

• **Bradycardia persists?**

- Continue CPR if HR < 60/min
- IV access
- Epinephrine
- Atropine for increased vagal tone or primary AV block
- Consider transthoracic/transvenous pacing
- Identify and treat underlying causes

DOSES/DETAILS

Epinephrine IV / IO dose:
 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration) Repeat every 3-5 minutes

If IV/IO access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1mL/kg of the 1 mg/ mL concentration)

Atropine IV/IO dose:
 0.02 mg/kg. May repeat once
 Maximum dose 0.1 mg and maximum single dose 0.5 mg

POSSIBLE CAUSES

- Hypothermia
- Hypoxia
- Mediations

• Check pulse every 2 minutes
Pulse Present?

Yes

No

- Go to **Pediatric Cardiac Arrest Algorithm**

