## Pediatric bradycardia



#### The basics

- 1. If possible and if the patient is stable, treat and identify the cause of the bradycardia, such as hypothermia, hypoxia, or medications
- 2. Maintain a patent airway
- 3. Oxygen as indicated
- 4. Apply cardiac monitor
- 5. Vital signs
- 6. IV/IO access
- 7. 12-lead if available and patient is stable enough (do not delay care)
- Support the basics
- Oxygen
- Monitor closely
- Consider cardiology consult

### Signs of poor perfusion?

- Altered level of consciousness
- Hypotension
- Shock

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- Maintain a patent airway
- Administer oxygen as necessary
- Apply cardiac monitor, check B/P, and oximetry
- Start CPR if HR <60/min with signs of poor perfusion after oxygenation

#### Patient remains in bradycardia?

- Epinephrine 0.01 mg/kg (0.1 ml/kg) of 1;10,000 IV/IO. Repeat every 3–5 minutes if bradycardia persists.
- Atropine (0.02 mg/kg) IV/IO. Use for increased vagal tone or Primary AV block. (Min dose 0.1 mg, Max dose 0.5 mg. May repeat once after 5 minutes.

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