



PEDIATRIC BRADYCARDIA

Effective: April 27, 2017
Replaces: June 2012
Review: April 27, 2022

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
 - 1.1.1. **Oxygen** – titrate as appropriate or ventilate patient if applicable
 - 1.1.2. Hypoxia is the leading cause of bradycardia in pediatrics
- 1.2. Treat for signs and symptoms of shock as appropriate **(700-P10)**
- 1.3. If perfusion is diminished with a heart rate less than sixty (60), and rate does not respond to oxygen therapy, **Start CPR**

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. **Vascular Access (IO)**, if patient is unconscious
 - 2.2.1. Consider **20ml/kg Fluid bolus**, max single dose 250ml, may repeat once
- 2.3. Use length based tape resuscitation tape to determine patient weight
- 2.4. **Epinephrine (1:10,000) 0.01mg/kg** may repeat every 3–5 minutes
- 2.5. If bradycardia is refractory to epinephrine administer:
 - 2.5.1. **Atropine Sulfate 0.02mg/kg IVP/ IO** (minimum dose of 0.1mg), may repeat every 3–5 minutes, to a total dose of 1mg
- 2.6. Consider **BASE CONTACT: Transcutaneous Pacing (TCP)** if refractory to medication interventions **(700-M10)**



3. Pediatric Bradycardia Treatment Flow Chart

