Pediatric Bradycardia

The Basics

1. If possible and if the patient is stable, treat and identify the cause of the bradycardia
2. Check airway for patency – do whatever is necessary to maintain patency
3. Oxygen – (O₂ Sat less than 94% or shortness of breath)
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)

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Signs of Poor Perfusion?
- Altered Level
- Hypotension
- Shock

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CPR if HR &<60/min and signs of poor perfusion after oxygenation

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Patient Remains in Bradycardia?
- Epinephrine 0.01mg/kg (0.1ml/kg) of 1:10,000
- Atropine (0.02mg/kg) if vagal response or Primary AV Block (Max single Dose 0.5mg)
- Can Repeat Epinephrine every 3-5 minutes if Bradycardia persists