8.03 PEDIATRIC DYSRHYTHMIA: BRADYCARDIA

BLS – FAQ Link

Assess **Vital Signs,** ABC's and responsiveness, **Oxygen** (high flow via BVM with BLS airway as indicated)
If cardiopulmonary compromise is present after BLS interventions and
HR < 60, START CPR (15:2)

ALS

Advanced airway management as indicated, attach ECG monitor, and correct **Reversible Causes**. Refer to **Protocol 2.04 Cardiac Arrest** and current AHA guidelines for additional details.

DRAFT VERSION

Possible Causes
Hypothermia
Hypoxia
Medications
2020 American Heart Association

Cardiopulmonary Compromise?
Acutely altered mental status
Signs of shock
Hypotension
Bradycardia

No

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

Yes

Continue CPR

Establish IV/IO access

Epinepherine
0.01 mg/kg IVP/IO. (0.1mg/1mL)
Maximum single dose 1mg.
May repeat q3-5min

If increased vagal tone or primary AV block, consider Atropine

Atropine
0.02 mg/kg IVP/IO. Minimum dose 0.1mg Maximum single dose 0.5mg
May repeat once.

Check pulse every 2 minutes
Pulse present and HR <60?

No

Continue CPR

Yes

Make Base Hospital Contact
Termination of efforts

Effective: xx/xx/xx
Supersedes: 03/01/15

8.03 PEDIATRIC DYSRHYTHMIA: BRADYCARDIA – Public Comment November 2023

BLS Treatment
~~• Start CPR if HR < 60/min.~~ ~~• Position of comfort.~~ ~~• NPO~~ • Assess Vital Signs~~, irculation, airway, breathing~~, ABC's and responsiveness. • **Oxygen** (high flow via BVM with BLS airway as indicated)~~; with appropriate adjuncts as indicated.~~ • If cardiopulmonary compromise is present after BLS interventions and HR < 60, START CPR (15:2) ~~• Provide **Spinal Motion Restriction** as indicated or position of comfort as indicated.~~ ~~• Appropriately splint suspected fractures/instability as indicated.~~ • ~~Bandage wounds/control bleeding as indicated.~~
ALS Treatment **Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.**
Advanced airway management as ~~if~~ indicated. attach ECG monitor, and correct **Reversible Causes**. Refer to **Protocol 2.04 Cardiac Arrest** and current AHA guidelines for additional details. Establish IV/IO access ~~**Normal Saline** TKO, preferably at antecubital fossa.~~ ~~If unstable, IO after 1 min of IV attempts.~~ **Epinephrine** ~~(1:10,000)~~ 0.01 mg/kg IVP/IO. (0.1mg/1ml) Maximum single dose 1mg. May repeat q3-5min If increased vagal tone or primary AV block, consider Atropine **Atropine** 0.02mg/kg IVP/IO. Minimum dose 0.1mg Maximum single dose 0.5mg May repeat once

Comments
SYMPTOMATIC BRADYCARDIA DEFINITION: Cardiopulmonary Compromise? ~~Pulse~~ Heart rate < 60 BPM and any of the following: • Hypotension. • Signs of shock~~/hypoperfusion.~~ • Acutely altered mental status~~, syncope or near syncope.~~