

## ***Bradycardia (Symptomatic) - Pediatric***

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| AGE                 | Mean | Lower limit of normal |
|---------------------|------|-----------------------|
| Newborn to 3 months | 140  | 100                   |
| 3 months to 2 years | 130  | 90                    |
| 2 years to 10 years | 80   | 60                    |
| >10 years           | 75   | 60                    |

### *Basic Standing Orders*

# B

- ▶ Routine Patient Care.
- ▶ Maintain airway.
- ▶ Consider underlying causes of bradycardia (e.g. hypoxia).
- ▶ Provide high-flow oxygen and consider assisting ventilations.
- ▶ Monitor vital signs, including pulse oximetry & EtCO<sub>2</sub>
- ▶ Begin/continue CPR in child if HR < 60bpm and hypoperfusion despite oxygen.
- ▶ Consider ALS intercept.

### *Advanced Standing Orders*

# A

- ▶ IV access and administer fluids boluses of 20 mL/kg to maintain hemodynamic status.

### *Paramedic Standing Orders*

# P

- ▶ Epinephrine 0.01 mg/kg IV (0.1 mL/kg of **1:10,000**) every 3-5 minutes
- ▶ Consider atropine 0.02mg/kg (min single dose 0.1mg, - total max dose is 1 mg) for increased vagal tone or primary AV Block.
- ▶ Consider transcutaneous pacing at minimum output and increase until capture achieved for rate appropriate to age.
- ▶ Consider procedural sedation prior to pacing
  - ♦ Midazolam 0.05 mg/kg IV/ IN (see IN dosing chart, pg 236),  
**or**
  - ♦ Diazepam 0.05 mg/kg IV  
**or**
  - ♦ Ketamine 2 mg/kg IV, slow IV Push
- ▶ Consider glucose if hypoglycemia suspected.