SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER

PEDIATRIC BRADYCARDIA

I. Assessment Information

A. Bradycardia generally arises due to hypoxia. Therefore, airway, ventilation, and oxygenation, are the highest management priorities. The cause of the hypoxia should be identified and corrected.

FIRST RESPONDER

II. General Management Information

A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.

B. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.

C. If signs of severe cardiopulmonary compromise[1] are present and the **heart rate remains slower than 60 beats per minute** in the neonate or infant despite oxygentation and ventilation, **INITIATE CHEST COMPRESSIONS.**

BASIC LIFE SUPPORT

C. Arrange for ALS intercept.

D. Initiate transport toward ALS intercept, if transporting unit.

ADVANCED LIFE SUPPORT

F. Monitor **EKG**

G. IV/IO NORMAL SALINE @ TKO

NOTIFY RECEIVING FACILITY

H. **EPINEPHRINE**

1. **IV/IO=0.0**1 **MG/KG of 1:10,000(10ml) IVP q 3-5min** [2]
   - **a.** Flush the medication port with 10 to 20 ml of intravenous fluid following each IV medication

administration to aid entry of drugs into central circulation.

H. ATROPINE 0.02 MG/KG IV/IO

1. Minimum dose 0.1mg
2. Maximum single dose for children is 1.0mg.
3. May be repeated once after 3 to 5 minutes.

CONTACT MEDICAL CONTROL

M. Possible orders post radio contact

1. Initiation of **EXTERNAL PACING**.
2. Repeated administration of **EPINEPHRINE**.
3. Repeated administration of **ATROPINE**.

[1] Severe cardiopulmonary compromise is indicated by poor perfusion(as evidenced by delayed capillary refill, weak or absent peripheral pulses or altered mental status), hypotension and respiratory difficulty.

[2] If IV/IO access is unsuccessful, **ENDOTRACHEAL= 0.1 MG/KG of 1:1000 (use multidose vial with 1mg/cc concentration).** If vascular access is obtained after giving an initial dose of epinephrine via endotracheal tube, give the second dose intravenously 3 to 5 minutes after the endotracheal dose.

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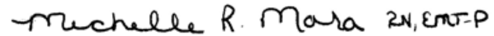

EMS Manager