



Pediatric Symptomatic Bradycardia

FIELD TREATMENT GUIDELINE P-06

INDICATION	<ul style="list-style-type: none"> • Symptomatic Bradycardia with cardiopulmonary compromise: <ul style="list-style-type: none"> • Hypotension. • Acutely altered mental status. • Signs of shock.
BLS	<ul style="list-style-type: none"> • Follow General Pediatric Care P-01. • Identify and treat underlying causes. • 12-Lead ECG BP-03. • If heartrate is < 60/min with signs of poor perfusion, begin CPR.
ALS	<ul style="list-style-type: none"> • If symptomatic bradycardia persists: • Epinephrine (1:10,000): <i>Pediatric</i>: IV/IO; repeat every 3-5 minutes. Administer according to PediaTape weight calculation and Pediatric Cardiac Arrest Reference Cards. • If signs of increased vagal tone or primary AV block consider: • Atropine: <i>Pediatric</i>: IV/IO; repeat once. Administer according to PediaTape weight calculation and Pediatric Cardiac Arrest Reference Cards. • BASE HOSPITAL ORDERS <ul style="list-style-type: none"> • External Cardiac Pacing AP-07 is reserved for patients with profound symptomatic bradycardia refractory to drugs.
KEY CONCEPTS	<ul style="list-style-type: none"> • <u>The primary cause of bradycardia in pediatric patients is hypoxia. Ensure adequate oxygenation/ventilation prior to medication.</u> • EMS personnel should initiate rapid transport. • Sedation prior to starting pacing is not required. Patients with urgent need should be paced first. • The objective of sedation in pacing is to decrease discomfort, not to decrease level of consciousness.