Pediatric - Bradycardia, Unstable

ABCDE Assessment

BLS

Support ABCs/Oxygenate.
High flow 02
Support ventilations with BVM if necessary
(Consider hypoxia a primary cause of bradycardia in pediatrics)

Chest compression if after oxygenation and ventilation: HR <60/min in infant or child with poor systemic perfusion

ALS

Follow BLS Standards

Establish IV/IO of NS

Epinephrine: IV/IO, 0.01mg/kg (1:10,000)
ETT, 0.1mg/kg (1:1000)
Repeat same dose q 3-5 min prn

Consider Atropine 0.02 mg/kg IV/IO
Minimum dose 0.1 mg all ages
Maximum single dose:
Child 0.5 mg
Adolescent 1 mg
May repeat once in 5 minutes

Administer fluid bolus of 10-20 mL/kg of NS.

Determine Blood Glucose, Administer Dextrose per Pediatric ALOC guideline

Consider external pacing. Start at 200 milliamps for a HR of 100 & rapidly adjust downward to slightly above the minimal level that produces capture.

Consider administration of Epinephrine IV continuous infusion at a rate of 0.1 to 1 mcg/kg/min.