



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *PEDIATRIC PROTOCOLS*



BRADYCARDIA

Historical Findings

1. Age less than or equal to 15 years.

Physical Findings

1. Alteration of level of consciousness OR
2. Evidence of poor circulation (delayed capillary refill, or weak peripheral pulses) OR
3. Evidence of respiratory distress or failure.

EKG Findings

1. Rhythm is sinus bradycardia for child's age.

Protocol

1. Ensure airway, apply 100% oxygen, bag-valve-mask (BVM) ventilate as needed, and recheck pulse rate.
2. If despite adequate oxygenation and ventilation, the heart rate is < 60 in a newborn or child, perform chest compressions at a rate of 100 per minute.
3. Establish vascular access or IO (IO for evidence of shock: altered mental status and poor skin perfusion or weak peripheral pulses).
4. Epinephrine 1:10,000 at 0.1 ml/kg IV or IO. If vascular access is not available, then give epinephrine 1:1000 at 0.1 ml/kg via ET (maximum dose 5.0 ml).
5. Begin transport.
6. Reassess airway and breathing frequently.
7. Contact medical command.
8. If symptomatic bradycardia persists, repeat epinephrine IV/IO every 3 to 5 minutes.



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9. If symptomatic bradycardia persists, administer atropine 0.02 mg/kg (min 0.1 mg, max 1.0 mg) IV, ET, or IO.
10. Reassess airway and breathing.
11. If hypotensive, normal saline 20 ml/kg IV push.

Notes:

- A. The most common cause of bradycardia in the child is hypoxia. Therefore attention to airway is the most important intervention.
- B. It is important to treat the patient and not the rate. Remember that athletes may have heart rates of 40-60.