



Cardiovascular
BRADYCARDIA WITH PULSES - PEDIATRIC
Practice Guideline

Patient Care Goals:

1. Maintain adequate perfusion
2. Restore regular sinus rhythm, correct rhythm disturbance if unstable
3. Search for underlying cause (hypoxia, shock, second or third degree AV block, toxin exposure)

Patient Presentation:
 May present with symptoms such as diaphoresis, dyspnea, chest pain, syncope/near syncope, hemodynamic instability, altered mental status

Patient Management:

Inclusion Criteria
 Heart rate <60

Epinephrine:
 0.01 mg/kg IV/IO q 3-5 min. Repeat as symptoms persist or decompensate.

Atropine
 0.02 mg/kg (minimum of 0.1 mg single dose, maximum 0.5 mg single dose)

Transcutaneous pacing (TCP):
 Set pacer to fixed mode, Rate 70, output 50mA. Determine electrical capture and mechanical capture (right sided pulses); increase rate by 5 and/or output by 10mA to ensure/maintain capture

Sedation **or** Analgesia PRN stability:
 Midazolam 0.1 mg/kg max of 2 mg
 -OR-
 Fentanyl 0.5 to 1 mcg/kg max of 100 mcg

Patient Safety Considerations
 If pacing is performed, consider sedation or analgesia
 Routine use of lights and sirens is not recommended during transport unless hemodynamically unstable

Quality Improvement:
 Key Documentation Elements

1. Heart rate and rhythm changes
2. Interventions
3. Mental status or signs of instability

