Pediatric Bradycardia With a Pulse and Poor Perfusion Algorithm

1

Identify and treat underlying cause

- Maintain patent airway; assist breathing as necessary
- Oxygen
- Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
- IO/IV access
- 12-Lead ECG if available; don't delay therapy

2

Cardiopulmonary compromise?
- Hypotension
- Acutely altered mental status
- Signs of shock

No

Yes

3

CPR if HR <60/min
with poor perfusion despite oxygenation and ventilation

4a

- Support ABCs
- Give oxygen
- Observe
- Consider expert consultation

No

4

Bradycardia persists?

Yes

5

- **Epinephrine**
- **Atropine** for increased vagal tone or primary AV block
- Consider transthoracic pacing/ transvenous pacing
- Treat underlying causes

6

If pulseless arrest develops, go to Cardiac Arrest Algorithm

Doses/Details

Epinephrine IO/IV dose:
0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If IO/IV access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1 mL/kg of 1:1000).

Atropine IO/IV dose:
0.02 mg/kg. May repeat once. Minimum dose 0.1 mg and maximum single dose 0.5 mg.