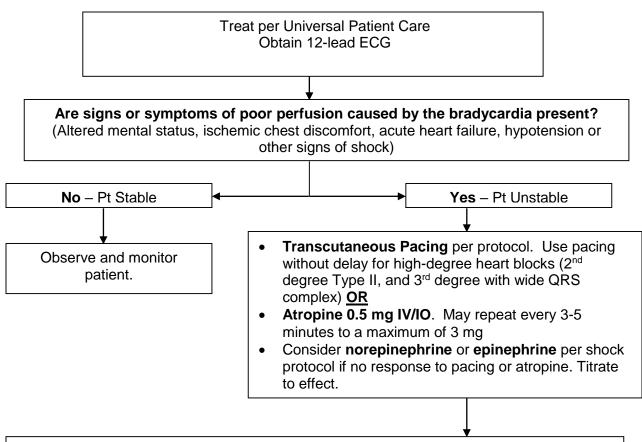
# **HEART RATE < 50 BPM AND INADEQUATE FOR CLINICAL CONDITION**



- If patient is uncomfortable, consider Midazolam 2.5 mg IV/IO/IN or 5 mg IM. May repeat IV/IO once. OR Lorazepam 1 mg IV/IO or 2 mg IM/IN. OR Ketamine 0.1-0.3 mg/kg IV/IO
- If capture is not achieved, try repositioning pads.

### **NOTES & PRECAUTIONS:**

- A. Bradycardia may be protective in the setting of cardiac ischemia and should only be treated if associated with serious signs and symptoms of hypoperfusion.
- B. Most pediatric bradycardia is due to hypoxia.
- C. Hyperkalemia may cause bradycardia. If the patient has a wide complex bradycardia with a history of renal failure, muscular dystrophy, paraplegia, crush injury or serious burn > 48 hours prior, consider treatment per Hyperkalemia protocol.
- D. Immediate transcutaneous pacing can be considered in unstable patients when vascular access is not available.
- E. Transcutaneous pacing is not useful in asystole.

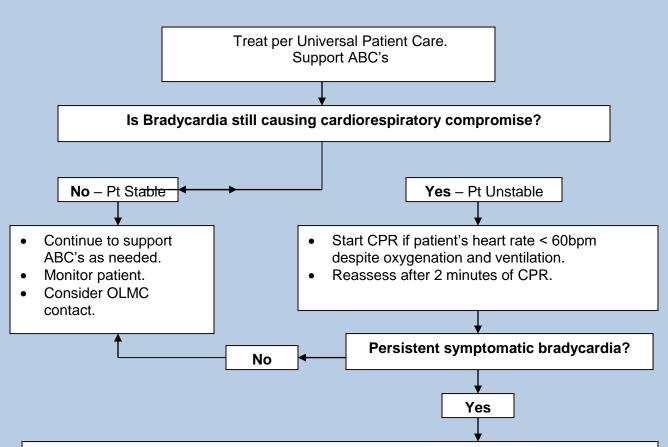
#### **KEY CONSIDERATIONS:**

Pain evaluation (PQRST), nausea and vomiting, drug overdose, speed of onset, previous MI, angina, fever or recent illness, medical history, medications.

# Cardiac Dysrhythmias (Bradycardia) - 10.060

### **PEDIATRIC PATIENTS:**

# BRADYCARDIA WITH A PULSE CAUSING CARDIORESPIRATORY COMPROMISE



- Give 1:10,000 Epinephrine 0.01 mg/kg IV/IO. If no IV/IO give 1:1,000 Epinephrine 0.1 mg/kg via ET.
- Repeat epinephrine every 3-5 minutes.
- If increased vagal tone or AV block, consider Atropine 0.02 mg/kg IV/IO. Minimum single dose 0.1 mg, maximum single dose 0.5 mg. If no IV may give 0.04 mg/kg ET. May repeat once.
- Consider pacing per *Transcutaneous Pacing* protocol.
- If capture is achieved and patient is uncomfortable, consider Midazolam 0.1mg/kg IV/IO/IN to a maximum of 2.5 mg, or 0.2 mg/kg IM to a maximum of 5 mg OR Ketamine 0.1-0.3 mg/kg IV/IO.
- If capture is not achieved, try applying a new set of pads and repositioning.