

**TREATMENT PROTOCOL: PEDIATRIC SYMPTOMATIC BRADYCARDIA**



1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Assist respirations with bag-valve-mask prn using “squeeze-release-release” technique
5. Advanced airway prn:  
ET tube placement approved for patients who are:  
    12yrs of age and older **or** weight equal to or greater than 40kg;  
King airway approved as a rescue airway for patients who are:  
    12yrs of age and older **and** 4 feet tall
6. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
7. If 8yrs of age or younger, begin chest compressions if pulse rate is less than 60bpm after performing effective ventilations with oxygen
8. Venous access; begin transport if unable to obtain venous access
9. **ESTABLISH BASE CONTACT (ALL)**
10. If symptomatic bradycardia persists:  
**Epinephrine**  
    0.01mg/kg (1:10,000) slow IV push  
    May repeat every 3-5min  
    See Color Code Drug Doses/L.A. County Kids
11. If suspected AV Block or increased vagal tone (potential causes of increased vagal tone include hypoglycemia, increased intracranial pressure, beta blocker/calcium channel overdose, hypothyroidism, infection, congenital heart disease, and sleep apnea):  
**Atropine**  
    0.02mg/kg IV push  
    **DO NOT administer to neonates**; this drug is for 1 month of age and older **only**  
    Minimum single dose: 0.1mg  
    May repeat one time in 5min  
    **12yrs of age and younger:** maximum single dose 0.5mg; maximum total dose 1mg  
    **13yrs of age and older:** maximum single dose 0.5mg; maximum total dose 1mg  
    See Color Code Drug Doses/L.A. County Kids
12. Continually reassess respirations and pulses