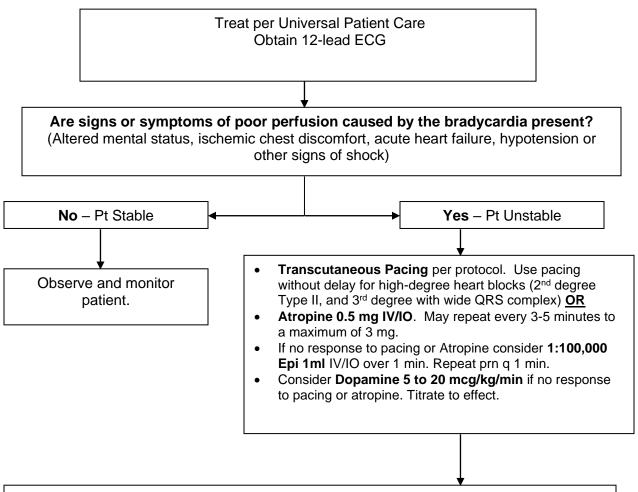
HEART RATE < 50 BPM AND INADEQUATE FOR CLINICAL CONDITION

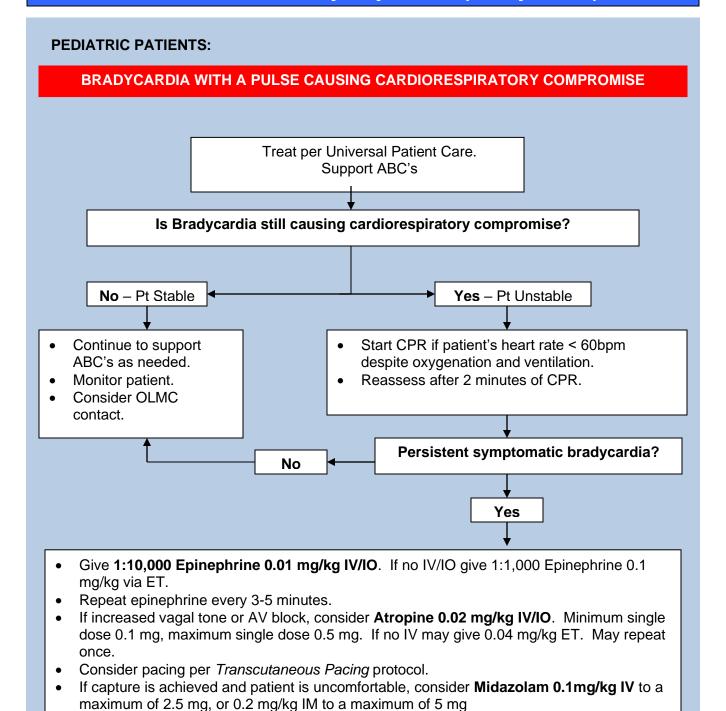


- If capture is achieved and patient is uncomfortable, consider Midazolam 2.5 mg IV/IO or 5 mg IM. May repeat to a max of 5 mg. OR Lorazepam 1 mg IV or 2 mg IM.
- If capture is not achieved, try repositioning pads.
- Goal of therapy is to improve perfusion and maintain a BP of > 90 mmHg systolic.

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.

Cardiac Dysrhythmias (Bradycardia) – 10.060



KEY CONSIDERATIONS:

Goal of therapy is to improve perfusion.

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

If capture is not achieved, try applying a new set of pads and repositioning.