


Section: Pediatric Medical
Subject: CARDIAC DYSRHYTHMIAS – BRADYCARDIA / BLOCK
Section #: 343.10
Issue Date: March 21, 2011
Revision Date: December 1, 2017
Approved By: 

Page 1 of 1

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic ALS Treatments
 - a. Maintain patent airway; assist breathing as necessary
 - b. Monitor vital signs
 - c. Establish IV or IO access
 - d. 12-lead EKG if it doesn't delay therapy
2. Specific ALS treatments:
 - a. Evaluate for signs of cardiopulmonary compromise
 - i. hypotension
 - ii. acutely altered mental status
 - iii. signs of shock
 - b. Perform **chest compressions** if heart rate is < 60/min with poor perfusion despite oxygenation and ventilation.
 - c. **Epinephrine**:
 - i. 0.01 mg/kg of a 1:10,000 solution IV/IO
 - ii. Repeat q 3 – 5 minutes
 - d. **Atropine** (patient ≥ 6 months of age):
 - i. 0.02 mg/kg I (minimum dose of 0.1 mg; maximum dose 0.5 mg) IV/IO
 - ii. May repeat once in five minutes
 - e. **Transcutaneous Pacing**:
 - i. Set rate according to age:
 1. < 1 year = 100/min.
 2. ≥ 1 year = 80/min.
 - ii. Increase amperage until capture is achieved.
 - iii. Analgesia and sedation (for normal to high BP):
 1. **Fentanyl** 1 mcg/kg slow IV or IN q10 minutes PRN.
 2. **Midazolam** 0.05 mg/kg (max dose of 2.5 mg) IV or IN q10 minutes PRN.
3. Special conditions apply in severe hypothermia – see **HCFR PEDIATRIC HYPOTHERMIA** policy.
4. QA Points:
 - a. Bradycardia and heart block in the pediatric setting is usually due to hypoxia.