

# PEDIATRIC PROTOCOL

## BRADYCARDIA

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

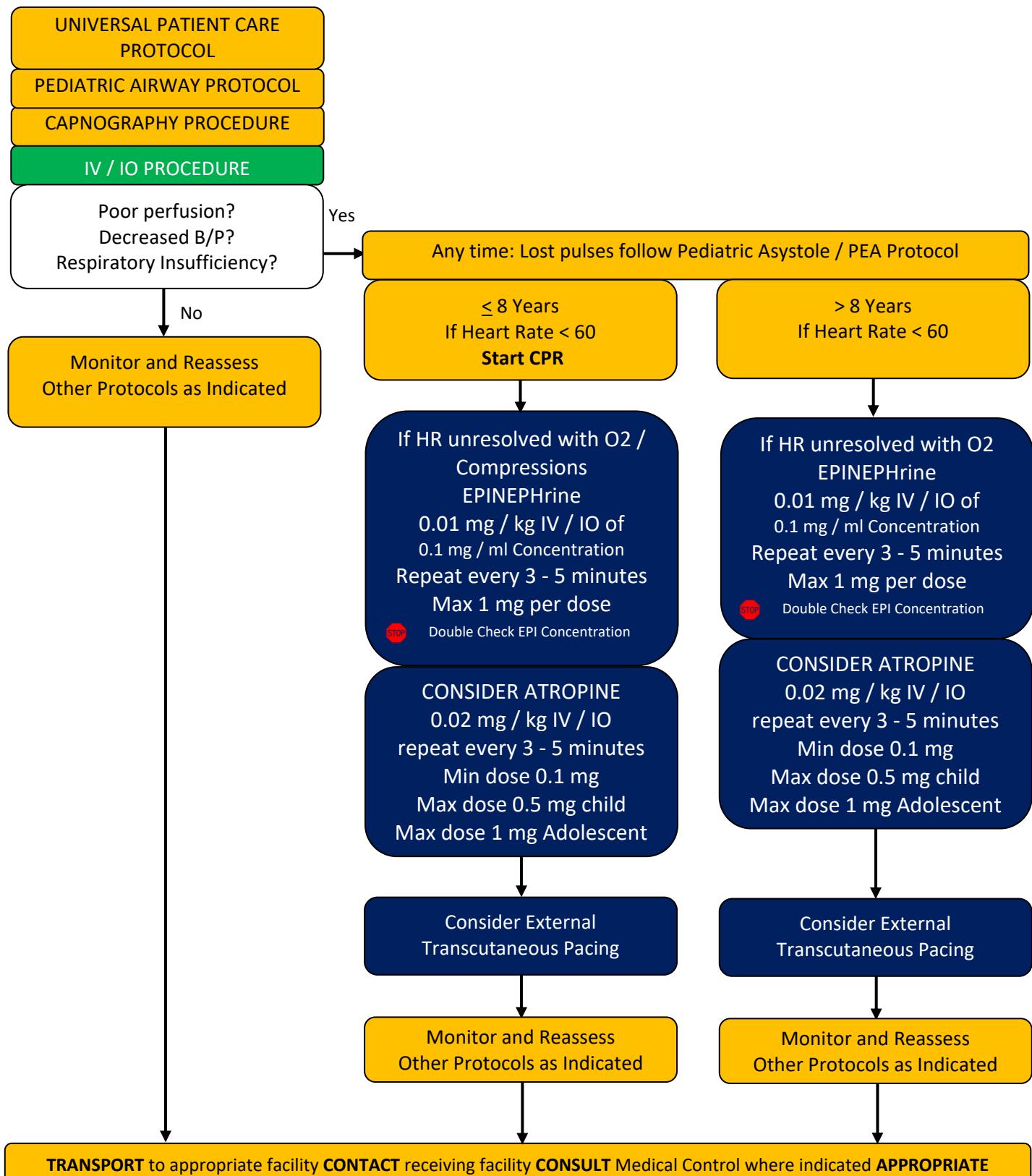
Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma



EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

Online Medical Control

**BRADYCARDIA**

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Past medical history</li> <li>Foreign body exposure</li> <li>Respiratory distress or arrest</li> <li>Apnea</li> <li>Possible toxic or poison exposure</li> <li>Congenital disease</li> <li>Medication (maternal or infant)</li> </ul>	<ul style="list-style-type: none"> <li>Hypoxia</li> <li>Decreased heart rate</li> <li>Delayed capillary refill or cyanosis</li> <li>Mottled, cool skin</li> <li>Hypotension or arrest</li> <li>Altered level of consciousness</li> <li>Poor Perfusion</li> <li>Shock</li> <li>Short of breath</li> <li>Pulmonary fluid</li> </ul>	<ul style="list-style-type: none"> <li>Respiratory effort</li> <li>Respiratory obstruction</li> <li>Foreign body / secretions</li> <li>Croup / epiglottis</li> <li>Hypovolemia</li> <li>Hypothermia</li> <li>Infection / sepsis</li> <li>Medication or toxin</li> <li>Hypoglycemia</li> <li>Trauma</li> </ul>

**Do Not Confuse EPINEPhrine 1 mg / ml and 0.1 mg / ml**

KEY POINTS
<ul style="list-style-type: none"> <li>Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro</li> <li>Heart Rate &lt; 100 (Neonates)</li> <li>Heart Rate &lt; 80 (Infants)</li> <li>Heart Rate &lt;60 (Children &gt; 2 years)</li> <li>Infant = &lt; 1 year of age</li> <li>Most maternal medications pass through breast milk to the infant.</li> <li>Most pediatric arrests are due to airway problems.</li> <li>Hypoglycemia, severe dehydration and narcotic effects may produce bradycardia.</li> <li>Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturers' guidelines.</li> <li>Identify and treat possible causes for pediatric bradycardia:             <ol style="list-style-type: none"> <li>Hypoxia</li> <li>Hypothermia</li> <li>Head injury</li> <li>Heart block</li> <li>Toxic ingestion / exposure</li> </ol> </li> <li>Refer to pediatric reference material when unsure about patient weight, age and / or drug dosage.</li> <li>The minimum dose of Atropine that should be administered to a pediatric patient is 0.1 mg.</li> <li>If the rhythm changes, follow the appropriate protocol.</li> <li>Be sure of all medication doses, look it up in reference material.</li> </ul>