



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL ALS STANDING ORDERS
BRADYCARDIA - PEDIATRIC

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XXX BASE HOSPITAL CONTACT REQUIRED XXX

ALS STANDING ORDERS:

- A. Assess for signs of cardiopulmonary compromise (altered mental status, signs of shock, hypotension). If present:
 1. Assure airway is open and without foreign body obstruction.
 - Assist breathing, if necessary, with high flow oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated or positive pressure ventilation with BVM.
 2. Monitor cardiac rhythm and document with rhythm strip; monitor pulse, BP, and oximetry.
 3. If pulse rate remains less than 60/minute with continued signs of poor perfusion despite oxygenation/ventilation, initiate CPR.
 - Establish IV or IO access
 - Administer Epinephrine: 0.01 mg/kg IV/IO (0.1 mL/kg of the 0.1 mg/mL concentration). May repeat Epinephrine every 3-5 minutes.
 - Make Base Hospital contact (CCERC base preferred).
 - If unable to make Base Hospital contact, give Atropine 0.02 mg/kg IV/IO for persist bradycardia with symptoms, increased vagal tone, or primary AV block. Minimum dose 0.1 mg, maximum single dose 0.5 mg. May repeat once.
 - If continued signs of poor perfusion, obtain Base Hospital order for transcutaneous pacing using appropriately sized pads with preferred anterior-posterior placement unless child is adult size (refer to Procedure #PR-110).
 4. If signs of hypovolemia or dehydration suspected, administer 20 mL/kg normal saline (maximum 250 ml) IV/IO bolus. May repeat twice for a total of 3 boluses as a standing order.
 5. Identify and treat underlying causes (hypothermia, hypoxia, medications).
- B. If no signs of cardiopulmonary compromise
 1. Support airway, breathing, and circulation (ABCs).

Approved:

Review Dates: 09/14, 11/16, 5/17, 11/21
Final Date for Implementation: 10/01/2022
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2. Give oxygen with high flow by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated if O₂ saturation less than 95% on room air.
3. Obtain 12-Lead ECG
4. Identify and treat underlying causes (hypothermia, hypoxia, medications).
5. Contact Base Hospital (CCERC base preferred) for destination and transport with ALS escort.

Approved:

A handwritten signature in blue ink that reads "Carl Schultz, MD".

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