

Pediatric Emergencies

P-4 Pediatric Bradycardia with Pulses

Signs and symptoms of shock
 ALOC, hypotension (age appropriate), capillary refill >2 seconds,
 diaphoresis, SOB

Stabilize airway using appropriate BLS adjunct as necessary
Oxygen – high flow via NRB
 Assist ventilations with BVM as necessary
 Pulse Oximetry
 Cardiac Monitor
 IV/IO access
 Consider **NS** 20mL/kg bolus for hypotension

- Identify and treat reversible causes
- Hypovolemia
 - Hypoxia
 - Hydrogen ion acidosis
 - Hypo/hyperkalemia
 - Toxins
 - Tamponade, cardiac
 - Tension pneumothorax
 - Trombosis
 - Trauma

Persistent bradycardia with hypotension and shock?

No

Supportive care
 Reassess frequently

Yes

For HR <60
 Chest compressions
 Minimize interruptions and change personnel often to avoid fatigue

Epinephrine 1:10,000 0.01mg/kg (0.1mL/kg) IV/IO
 q3-5min

For suspected increased vagal event or primary AV block
Atropine 0.02mg/kg IV/IO
 May repeat once
 Minimum single dose 0.1mg
 Maximum single dose 0.5mg

Consider transcutaneous pacing
 Consult Base Hospital Physician

DISRUPTED COMMUNICATIONS
 In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.