Contra Costa County Emergency Medical Services

Pediatric Bradycardia

**Definitions**


**Pediatric Treatment Guidelines**

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<td>• Syncope</td>
<td>• Congenital heart disease</td>
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<td>• Trauma</td>
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**Differential**

- Respiratory failure
- Foreign body
- Secretions
- Infection (e.g. croup, epiglottitis)
- Hypovolemia
- Congenital heart disease
- Trauma
- Tension Pneumothorax
- Hypothermia
- Toxin or medication
- Hypoglycemia
- Acidosis

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**Signs and Symptoms**

- Decreased heart rate
- Delayed capillary refill or cyanosis
- Mottled, cool skin
- Hypotension or arrest
- Altered mental status
- Syncope
- HR < 60 and symptomatic:
  - Poor perfusion, delayed capillary refill, hypotension, respiratory distress, AMS

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**Supplemental Oxygen**

- Cardiac monitor
- Establish IV/IO
- 12-Lead ECG
- EtCO₂ monitoring

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**Epinephrine 1: 10,000 IV/IO**

- Use Pediatape and refer to dosing guide
- Repeat every 3-5 minutes

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**Atropine**

- Should be considered only after adequate oxygenation/ventilation has been ensured

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**Notify receiving facility.**

**Contact Base Hospital for medical direction**

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**Pearls**

- The majority of pediatric bradycardia is due to airway problems.
- Hypoglycemia, severe dehydration and narcotic effects may produce bradycardia.
- Most maternal medications pass through breast milk to the infant.

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Treatment Guideline PC05

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