**Pediatric Bradycardia**

### History
- Past medical history
- Foreign body exposure
- Respiratory distress or arrest
- Apnea
- Possible toxic or poison exposure
- Congenital disease
- Medication (maternal or infant)

### Signs and Symptoms
- Decreased heart rate
- Delayed capillary refill or cyanosis
- Mottled, cool skin
- Hypotension or arrest
- Altered mental status
- Syncope

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

### 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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<tr>
<td><strong>Supplemental Oxygen</strong></td>
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<td>Cardiac monitor</td>
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<td>Establish IV/IO</td>
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<td>12-Lead ECG</td>
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<td>EtCO₂ monitoring</td>
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<td><strong>If heart rate remains &lt; 60 with poor perfusion despite oxygenation and ventilation, begin CPR</strong></td>
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<td><strong>Epinephrine 1: 10,000 IV/IO</strong></td>
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<td>Use PediaTape and refer to dosing guide</td>
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<td>Repeat every 3-5 minutes</td>
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<td><strong>Atropine should be considered only after adequate oxygenation/ventilation has been ensured</strong></td>
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<td><strong>Consider, Atropine IV/IO</strong></td>
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<td>Use PediaTape and refer to dosing guide</td>
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<td><strong>Notify receiving facility. Contact Base Hospital for medical direction, as needed.</strong></td>
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**HR < 60 and symptomatic:**
Poor perfusion, delayed capillary refill, hypotension, respiratory distress, AMS

**Newly born < 31 days**
Exit to Newly Born TG

**Notify receiving facility.**
Contact Base Hospital for medical direction, as needed.