

Southeast Michigan Regional Protocol

Genesee, HEMS (Wayne), Lapeer, Macomb, Oakland, and Washtenaw/Livingston MCA's

Pediatric Bradycardia

Note: Bradycardia should be considered to be due to hypoxia until proven otherwise. For bradycardia with a pulse that causes cardiorespiratory compromise:

Pre-Radio

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow the General Pre-Hospital Care Protocol and apply high flow oxygen.
2. Perform CPR if, despite oxygenation and ventilation, HR < 60/min with poor perfusion.

PARAMEDIC

3. If symptomatic bradycardia persists, administer Epinephrine 1:10,000, 0.01 mg/kg (0.1 ml/kg) IV/IO, or Epinephrine 1:1000, 0.1 mg/kg (0.1 ml/kg) via ET if IV/IO unavailable, repeat every 3-5 minutes.
4. Administer Atropine Sulfate 0.02 mg/kg IV (minimum dose 0.1 mg). Maximum individual dose for children is 1 mg. Repeat every 3-5 minutes to a total dose of 3 mg.
5. Consider cardiac pacing.
6. If cardiac arrest develops, or the rhythm changes, go to the appropriate protocol.
7. Contact Medical Control.