## **Monterey County EMS System Policy**



Protocol Number: CP-4 Effective Date: 7/1/2024 Review Date: 6/30/2027

## **BRADYCARDIA - PEDIATRIC**

## **ALS and BLS CARE** Routine Medical Care. Identify and treat underlying cause, if Maintain patent airway; assist breathing as necessary See MP-2 Routine Medical Care-Pediatric or 02 to maintain Sp02 of ≥94% use length-based tape to determine normal Cardiac monitor heart rate for age. IV/IO 12 lead ECG Persistent bradydysrhythmias Begin CPR causing signs of IV NS bolus 20 ml/kg Continued persistent Monitor and bradydysrhythmias observe causing signs of shock? Epinephrine Transport to closest 0.01 mg/kg of 1:10,000 IV/IO. May **Emergency Department** repeat q 3-5 minutes If increased vagal tone or primary AV block: **Atropine** First dose:0.02 mg/kg Base Contact May repeat q 3-5 minutes Minimum dose: 0.1 mg Maximum total dose: 1.0 mg Consider TCP if: Child weighs >15kg Child exhibits profound bradycardia refractory to BLS and ALS interventions Consider sedation with midazolam with dosing to be determined by base physician order If asystole develops, go to CP-1: Cardiac Arrest/Asystole Pediatric