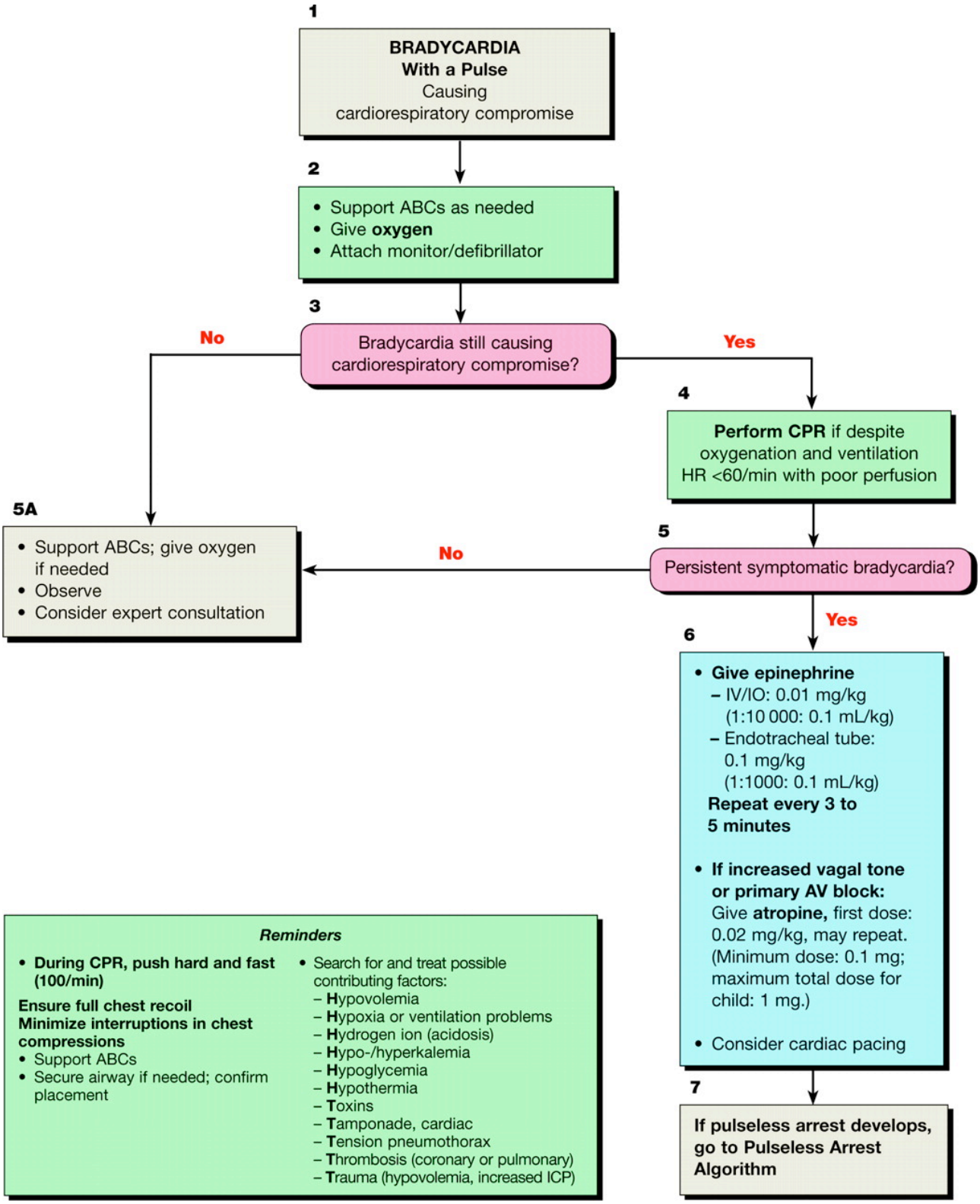
1
BRADYCARDIA
With a Pulse
Causing
cardiorespiratory compromise
2
• Support ABCs as needed
• Give oxygen
• Attach monitor/defibrillator
3
Bradycardia still causing cardiorespiratory compromise?
No
Yes
4
Perform CPR if despite oxygenation and ventilation HR <60/min with poor perfusion
5A
• Support ABCs; give oxygen if needed
• Observe
• Consider expert consultation
5
Persistent symptomatic bradycardia?
No
Yes
6
• Give epinephrine
– IV/IO: 0.01 mg/kg (1:10 000: 0.1 mL/kg)
– Endotracheal tube: 0.1 mg/kg (1:1000: 0.1 mL/kg)
Repeat every 3 to 5 minutes
• If increased vagal tone or primary AV block: Give atropine, first dose: 0.02 mg/kg, may repeat. (Minimum dose: 0.1 mg; maximum total dose for child: 1 mg.)
• Consider cardiac pacing
7
If pulseless arrest develops, go to Pulseless Arrest Algorithm
Reminders
• During CPR, push hard and fast (100/min)
Ensure full chest recoil
Minimize interruptions in chest compressions
• Support ABCs
• Secure airway if needed; confirm placement
• Search for and treat possible contributing factors:
– Hypovolemia
– Hypoxia or ventilation problems
– Hydrogen ion (acidosis)
– Hypo-/hyperkalemia
– Hypoglycemia
– Hypothermia
– Toxins
– Tamponade, cardiac
– Tension pneumothorax
– Thrombosis (coronary or pulmonary)
– Trauma (hypovolemia, increased ICP)