BRADYCARDIA
With a Pulse
Causing
cardiorespiratory compromise

- Support ABCs as needed
- Give oxygen
- Attach monitor/defibrillator

No

Bradycardia still causing
cardiorespiratory compromise?

Yes

Perform CPR if despite
oxrogenation and ventilation
HR <60/min with poor perfusion

No

Persistent symptomatic bradycardia?

Yes

- 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

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)