Figure 12. Pediatric Bradycardia With a Pulse Algorithm.

Patient with bradycardia

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Cardiopulmonary compromise?
- Acutely altered mental status
- Signs of shock
- Hypotension

→ **No**

Yes ↓

Assessment and support
- Maintain patent airway
- Assist breathing with positive pressure ventilation and oxygen as necessary
- Cardiac monitor to identify rhythm; monitor pulse, BP, and oximetry

(No branch:)
- Support ABCs
- Consider oxygen
- Observe
- 12-Lead ECG
- Identify and treat underlying causes

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Start CPR if HR <60/min despite oxygenation and ventilation.

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Bradycardia persists? → **No**

Yes ↓

- Continue CPR if HR <60/min
- IV/IO access
- **Epinephrine**
- **Atropine** for increased vagal tone or primary AV block
- Consider transthoracic/transvenous pacing
- Identify and treat underlying causes

↓

Check pulse every 2 minutes. **Pulse present?**

Yes →

No ↓

Go to **Pediatric Cardiac Arrest Algorithm.**

Doses/Details

Epinephrine IV/IO dose:
0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Repeat every 3-5 minutes. If IV/IO access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).

Atropine IV/IO dose:
0.02 mg/kg. May repeat once. Minimum dose 0.1 mg and maximum single dose 0.5 mg.

Possible Causes

- Hypothermia
- Hypoxia
- Medications

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