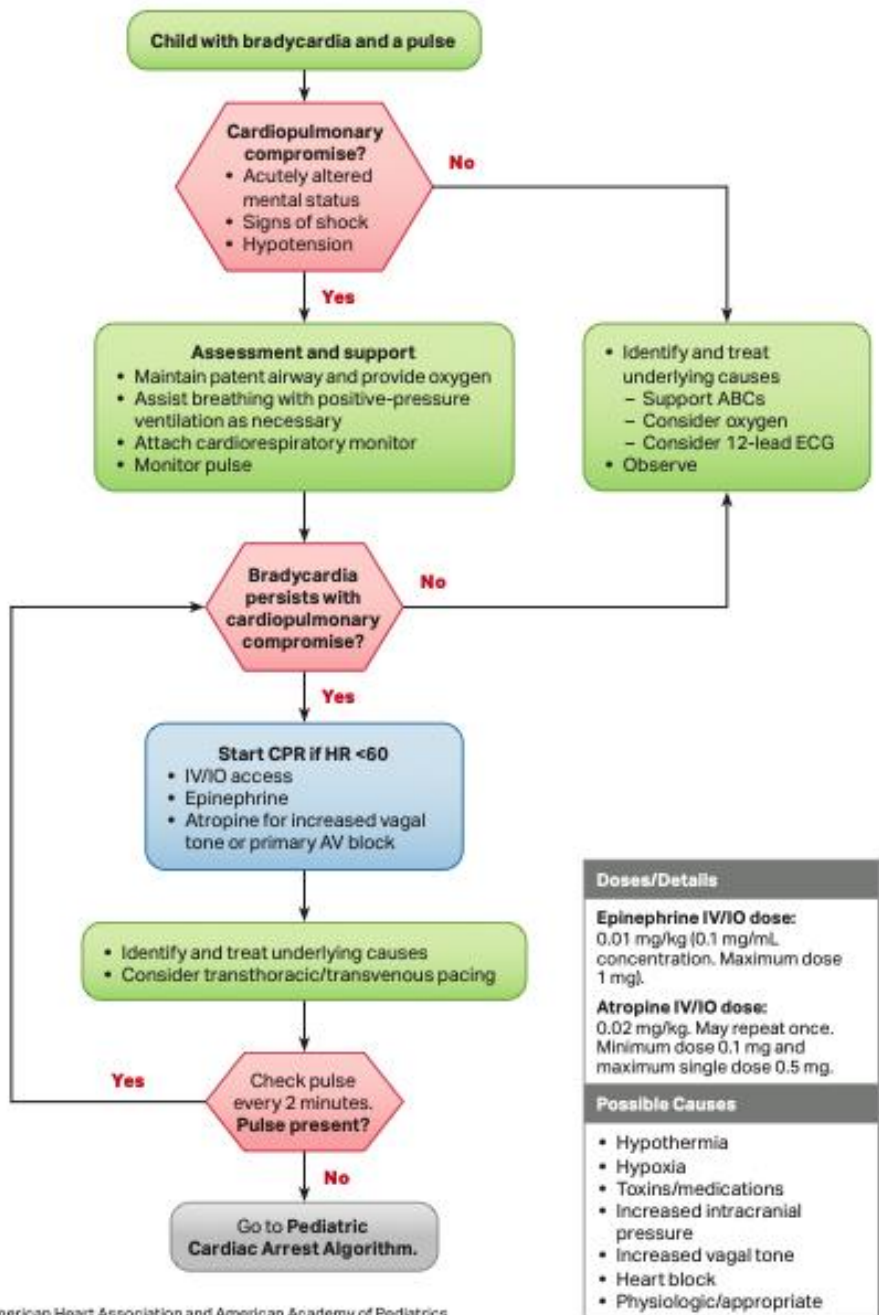


# PALS Bradycardia Guide

Bradycardia = heart rate slower than normal for age

Most common cause in child = low oxygen level (hypoxia)



**If a child has a slow heart rate and appears stable (no signs of cardiopulmonary compromise):**

- Support ABCs and consider oxygen
- Observe closely
- Be prepared to intervene if the child becomes unstable

**If a child has a slow heart rate and appears unstable (low blood pressure, altered mental status, signs of shock such as poor capillary refill):**

- Check for pulse. If no pulse, start CPR – 100-120 compressions/minute
- If child has a pulse, maintain airway and provide oxygen and positive pressure ventilation as needed
- If the child has a heart rate less than 60 after providing oxygen and ventilatory support, start CPR
- Administer IV or IO medications as ordered:
  - Epinephrine 0.01mg/kg IV (maximum dose 1 mg)
  - Atropine 0.02 mg/kg (minimum single dose 0.1 mg and maximum dose 0.5mg)
- Consider transthoracic pacing
- Treat reversible causes such as:
  - Hypoxia
  - Hypothermia
  - Medication ingestions or toxins,
  - Increased vagal tone from suctioning or vomiting

Doses/Details
<b>Epinephrine IV/IO dose:</b> 0.01 mg/kg (0.1 mg/mL concentration. Maximum dose 1 mg).
<b>Atropine IV/IO dose:</b> 0.02 mg/kg. May repeat once. Minimum dose 0.1 mg and maximum single dose 0.5 mg.
Possible Causes
<ul style="list-style-type: none"> <li>• Hypothermia</li> <li>• Hypoxia</li> <li>• Toxins/medications</li> <li>• Increased intracranial pressure</li> <li>• Increased vagal tone</li> <li>• Heart block</li> <li>• Physiologic/appropriate</li> </ul>