Pediatric Advanced Life Support
Pediatric Bradycardia with a Pulse and Poor Perfusion

Search for and treat the cause.
Monitor:
• Heart rhythm
• Oxymetry
• Blood pressure
Provide as needed:
• Maintain an open airway.
• Give oxygen.
• IV/IO access
• Consider 12-lead ECG.

Does cardiopulmonary compromise continue?
• Low blood pressure
• Change in mental status
• Shock

No

Support:
• Airway
• Breathing
• Cardiac
Monitor.
Continued to give oxygen.
Consider consultation.

Yes

If HR <60 bpm and poor perfusion:
• Perform CPR.

Does bradycardia continue?

No

Give epinephrine.
Give atropine for primary AV block
or to increase vagal tone.
Consider transthoracic pacing.
Consider transvenous pacing.
Continue to treat causes.

Yes

If rhythm advances to pulseless arrest begin
the cardiac arrest algorithm.

Epinephrine dose:
Give 0.01 mg/kg IV/IO
(1:10,000 concentration).
Repeat every 3-5 minutes.
Or give 0.1 mg/kg by ETT
(1:1000 concentration).
Repeat every 3-5 minutes.

Atropine dose:
Give 0.02 mg/kg IV/IO
(minimum dose of 0.1 mg
and maximum of dose 0.5 mg).
May repeat only one time.

https://ecgguidelines.heart.org/wp-content/uploads/2015/10/Pediatric-Bradycardia-With-a-Pulse-and-Poor-Perfusion-Algorithm.png
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