



SYMPTOMATIC BRADYCARDIA	
ADULT	PEDIATRIC
BLS Procedures	
Secure Airway. Assess Vitals. Obtain SpO ₂ . Oxygen. Titrate to SpO ₂ of 94% or higher Assist Ventilations, if needed If significant ALOC, accompanied with poor skin signs, initiate CPR (Pediatric HR less than 60 bpm)	
ALS Standing Orders	
Follow BLS procedures if applicable. Obtain ECG & 12-lead. IV/IO Access <ul style="list-style-type: none"> Only treat bradycardia that creates severe associated signs and symptoms. Consider a 250mL fluid bolus before more advanced intervention if the patient's condition is stable. Utilize ETCO ₂ for patients receiving narcotics.	
Symptomatic Bradycardia – Hemodynamically Stable	
HR less than 50 bpm Associated symptoms: Chest Pain, Shortness of Breath, Acute ALOC, Syncope	HR less than 60 bpm Associated symptoms: Chest Pain, Shortness of Breath, ALOC, Syncope
Normal Saline 250 mL IV/IO <ul style="list-style-type: none"> May repeat to a max of 1000 mL Consider Atropine 1 mg IV/IO <ul style="list-style-type: none"> If effective, repeat every 3 minutes to keep HR greater than 50 bpm. Total max dose of 3 mg. If no response, do not repeat dose. 	Normal Saline 20 mL/kg IV/IO <ul style="list-style-type: none"> May repeat as necessary to achieve target blood pressure. Provide Supportive Care <ul style="list-style-type: none"> <u>Bradycardia cases in pediatrics are often secondary to hypoxia.</u> Provide oxygen support.
Symptomatic Bradycardia – Hemodynamically Unstable	
HR less than 50 bpm Associated symptoms, <u>AND</u> hypotension (less than 90 mmHg)	HR less than 60 bpm Associated symptoms with signs of poor perfusion, <u>AND</u> hypotension
Consider Atropine Transcutaneous Pacing (TCP) <ul style="list-style-type: none"> Pace at 70 bpm, increase joules until confirmed mechanical capture. *If no hemodynamic response after successful pacing, administer push dose epinephrine* Push Dose Epinephrine 20 mcg IV/IO <ul style="list-style-type: none"> May repeat every 3 mins. Midazolam 2 mg IV/IO/IN – Sedation	Assist Ventilations with BVM & O₂ CPR (for patients without signs of puberty) Epinephrine 0.01 mg/kg <ul style="list-style-type: none"> May repeat every 3-5 minutes, until signs of poor perfusion have improved. Consider Atropine 0.02 mg/kg IV/IO <ul style="list-style-type: none"> May repeat every 3-5 minutes. Minimum dose 0.1 mg, Max initial dose 0.5 mg.
Special Considerations	
<ul style="list-style-type: none"> Consider reversible causes (H's and T's). For suspected overdose, refer to Overdose Protocol. 	
Base Hospital Orders Only	
Contact Base Hospital for treatment exceeding written protocol.	