Pediatric Bradycardia With a Pulse and Poor Perfusion Algorithm

1. Identify and treat underlying cause
   - Maintain patent airway; assist breathing as necessary
   - Oxygen
   - Cardiac monitor to identify rhythm; monitor blood pressure and oximetry
   - IO/IV access
   - 12-Lead ECG if available; don’t delay therapy

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

3. CPR if HR <60/min with poor perfusion despite oxygenation and ventilation

4a. Bradycardia persists?
   - Support ABCs
   - Give oxygen
   - Observe
   - Consider expert consultation

4. Bradycardia persists?
   - Epinephrine
   - Atropine for increased vagal tone or primary AV block
   - Consider transthoracic pacing/transvenous pacing
   - Treat underlying causes

5. Yes

6. If pulseless arrest develops, go to Cardiac Arrest Algorithm

Doses/Details

- **Epinephrine IO/IV dose:** 0.01 mg/kg (0.1 mL/kg of 1:10 000 concentration). Repeat every 3-5 minutes. If IO/IV access not available but endotracheal (ET) tube in place, may give ET dose: 0.1 mg/kg (0.1 mL/kg of 1:1000).

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

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