Pediatric Bradycardia

**History**
- Past medical history
- Foreign body exposure
- Respiratory distress or arrest
- Apnea
- Possible toxic or poison exposure
- Congenital disease
- Medication (maternal or infant)

**Signs and Symptoms**
- Decreased heart rate
- Delayed capillary refill or cyanosis
- Mottled, cool skin
- Hypotension or arrest
- Altered level of consciousness

**Differential**
- Respiratory failure
- Foreign body
- Secretions
- Infection (croup, epiglottitis)
- Hypovolemia (dehydration)
- Congenital heart disease
- Trauma
- Tension pneumothorax
- Hypothermia
- Toxic or medication
- Hypoglycemia
- Acidosis

**Pearls**
- Recommended Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Use Broselow-Luten Tape for drug dosages if applicable.
- Infant ≤ 1 year of age
- The majority of pediatric arrests are due to airway problems.
- Most maternal medications pass through breast milk to the infant.
- Hypoglycemia, severe dehydration and narcotic effects may produce bradycardia.
- Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturers guidelines.
- Minimum Atropine dose is 0.1 mg IV.

**Protocol 49**

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS.

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