

# Pediatric Bradycardia With a Pulse and Poor Perfusion

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## 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

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Cardiopulmonary  
compromise  
continues?

No

Yes

3

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

4

Bradycardia  
persists?

No

Yes

5

- **Epinephrine**
- **Atropine** for increased vagal tone or primary AV block
- Consider transthoracic pacing/transvenous pacing
- Treat underlying causes

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If pulseless arrest develops, go to Cardiac Arrest Algorithm

## Cardiopulmonary Compromise

- Hypotension
- Acutely altered mental status
- Signs of shock

## 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.