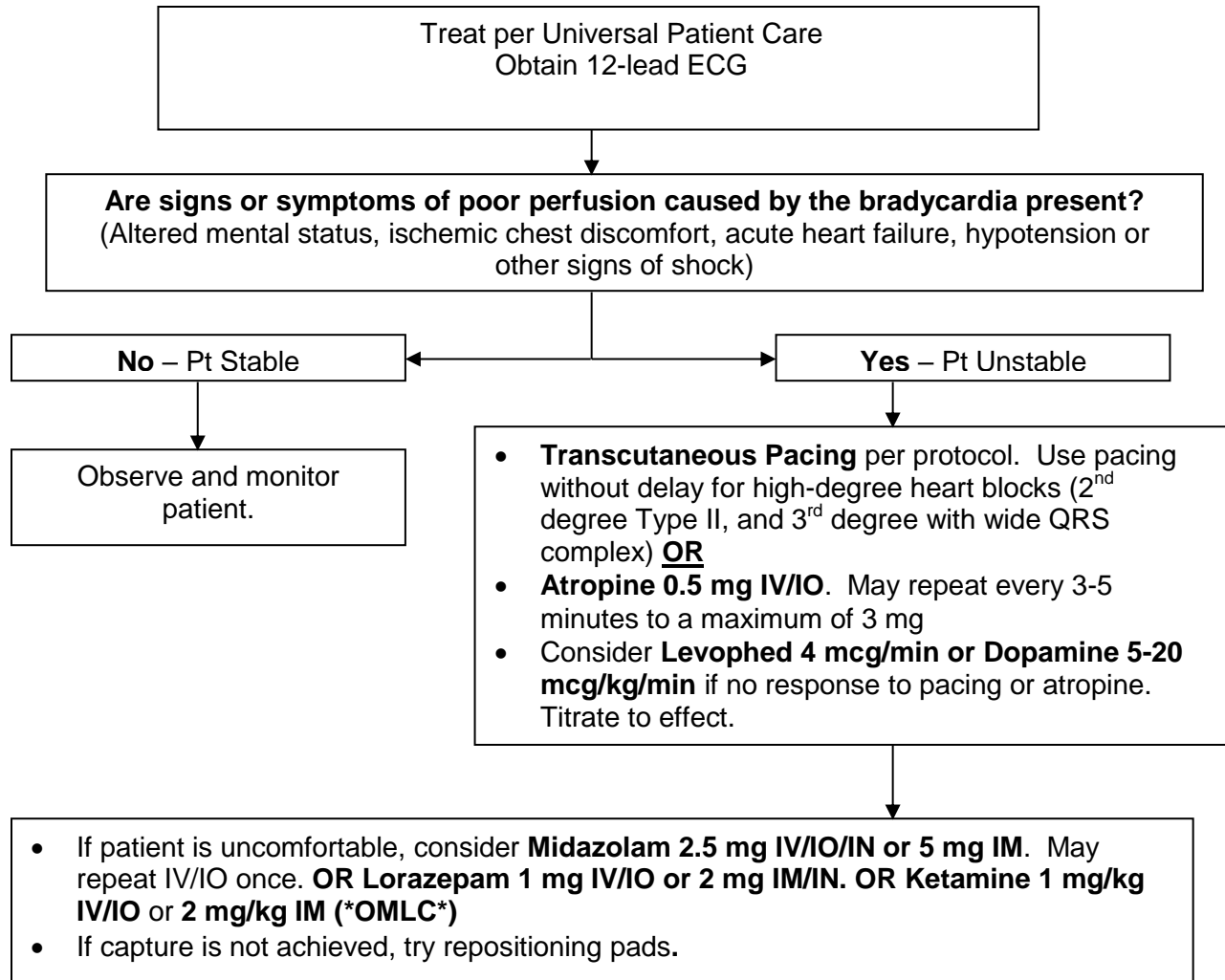


Cardiac Dysrhythmias (Bradycardia) – 10.060

HEART RATE < 50 BPM AND INADEQUATE FOR CLINICAL CONDITION



NOTES & PRECAUTIONS:

- Bradycardia may be protective in the setting of cardiac ischemia and should only be treated if associated with serious signs and symptoms of hypoperfusion.
- Most pediatric bradycardia is due to hypoxia.
- Hyperkalemia may cause bradycardia. If the patient has a wide complex bradycardia with a history of renal failure, muscular dystrophy, paraplegia, crush injury or serious burn > 48 hours prior, consider treatment per Hyperkalemia protocol.
- Immediate transcutaneous pacing can be considered in unstable patients when vascular access is not available.
- Transcutaneous pacing is not useful in asystole.
- *OLMC-** Give Ketamine as necessary if pt is unstable or circumstances prevent timely communications

KEY CONSIDERATIONS:

Pain evaluation (PQRST), nausea and vomiting, drug overdose, speed of onset, previous MI, angina, fever or recent illness, medical history, medications.

Cardiac Dysrhythmias (Bradycardia) – 10.060

PEDIATRIC PATIENTS:

BRADYCARDIA WITH A PULSE CAUSING CARDIORESPIRATORY COMPROMISE

