From MEDICAL ASSESSMENT

Ensure patent airway
Ensure oxygenation / ventilation

Establish cardiac monitor
Consider ECG & vascular access

Yes

HR greater than 50

No

Complete MEDICAL ASSESSMENT

Administer atropine

Yes

HR greater than 50

No

Consider dopamine or epinephrine

Yes

HR greater than 50

No

TCP – transcutaneous pacing

Initiate TCP

Capture

Yes

Consider sedation / analgesia

No

Discontinue TCP

TRANSPORT
INDICATIONS: **ALL THREE MUST BE PRESENT**

1. Sustained bradycardia with a heart rate of less than 50 beats per minute (bpm)

2. SBP less than 100 mmHg and at least one sign of poor perfusion:
   - Weak pulses, cool & pale / cyanotic skin, slowed capillary refill
   - Acutely altered LOC
   - Acute heart failure

3. Bradycardia is known or suspected to be the cause of hypotension or poor perfusion

CONTRAINDICATIONS:

- Do not initiate transcutaneous pacing (TCP) with a functioning LVAD (C08 Left Ventricular Assist Device)

NOTES:

- **REMINDER:** Hypoxemia is a common and reversible cause of unstable bradycardia in all age groups.

- If patient condition allows, providers with appropriate delegation should obtain an ECG prior to drug administration or pacing.

- Consider the administration of midazolam or opioid analgesia with transcutaneous pacing (TCP). Watch for hypotension and signs of respiratory depression if sedation is administered.

*This care map has been developed in accordance with the Heart & Stroke Foundation of Canada’s 2015 Canadian Resuscitation & First Aid Guidelines (Pediatric Advanced Life Support & Advanced Cardiac Life Support).*

ATROPINE:

- 0.5 mg IV / IO
- May repeat to a total dose of 3 mg

DOPAMINE:

- 2 to 20 mcg /kg/min by continuous IV/IO infusion
- Titrate to HR between 50 and 60 bpm

EPINEPHRINE:

- 2 to 10 mcg / min by continuous IV/IO infusion
- Titrate to HR between 50 and 60 bpm