From MEDICAL ASSESSMENT

Ensure patent airway
Ensure oxygenation / ventilation

Establish cardiac monitor
Consider ECG & vascular access

Yes

HR greater than 60

No

Complete MEDICAL ASSESSMENT

Consider chest compressions

Administer epinephrine

Yes

HR greater than 60

No

Consider atropine

Yes

HR greater than 60

No

Consider TCP

Capture

Yes

Consider sedation / analgesia

No

Discontinue TCP

TRANSPORT

No

Discontinue chest compressions

TCP – transcutaneous pacing
**INDICATIONS:** **ALL THREE MUST BE PRESENT.**

1. Sustained bradycardia with a heart rate of less than 60 beats per minute (bpm)

2. SBP less than age-adjusted minimum 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:**

- None

**NOTES:**

- **REMINDER:** In children sinus bradycardia is almost always the end result of untreated respiratory failure or shock. Strict attention to the airway, breathing and circulation usually makes TCP or drug administration unnecessary.

- **For this care map, hypotension is defined as a systolic blood pressure (SBP) of less than 70 + (age x 2).**

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

- For children less than six years of age, consider chest compressions if HR remains less than 60 bpm after correction of hypoxemia.

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

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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).

**EPINEPHRINE:**

- 0.01 mg / kg by IV or IO
- Repeat every three to five minutes as necessary
- Target heart rate (HR) between 60 and 70 bpm

**ATROPINE:**

- 0.02 mg / kg by IV or IO (minimum dose = 0.1 mg; maximum dose = 0.5 mg)
- Repeat once as required to achieve a HR between 60 and 70 bpm