

Pediatric Bradycardia with Pulse

Assessment and Treatment



DOSES/DETAILS

Epinephrine IV/IO dose:

0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration).

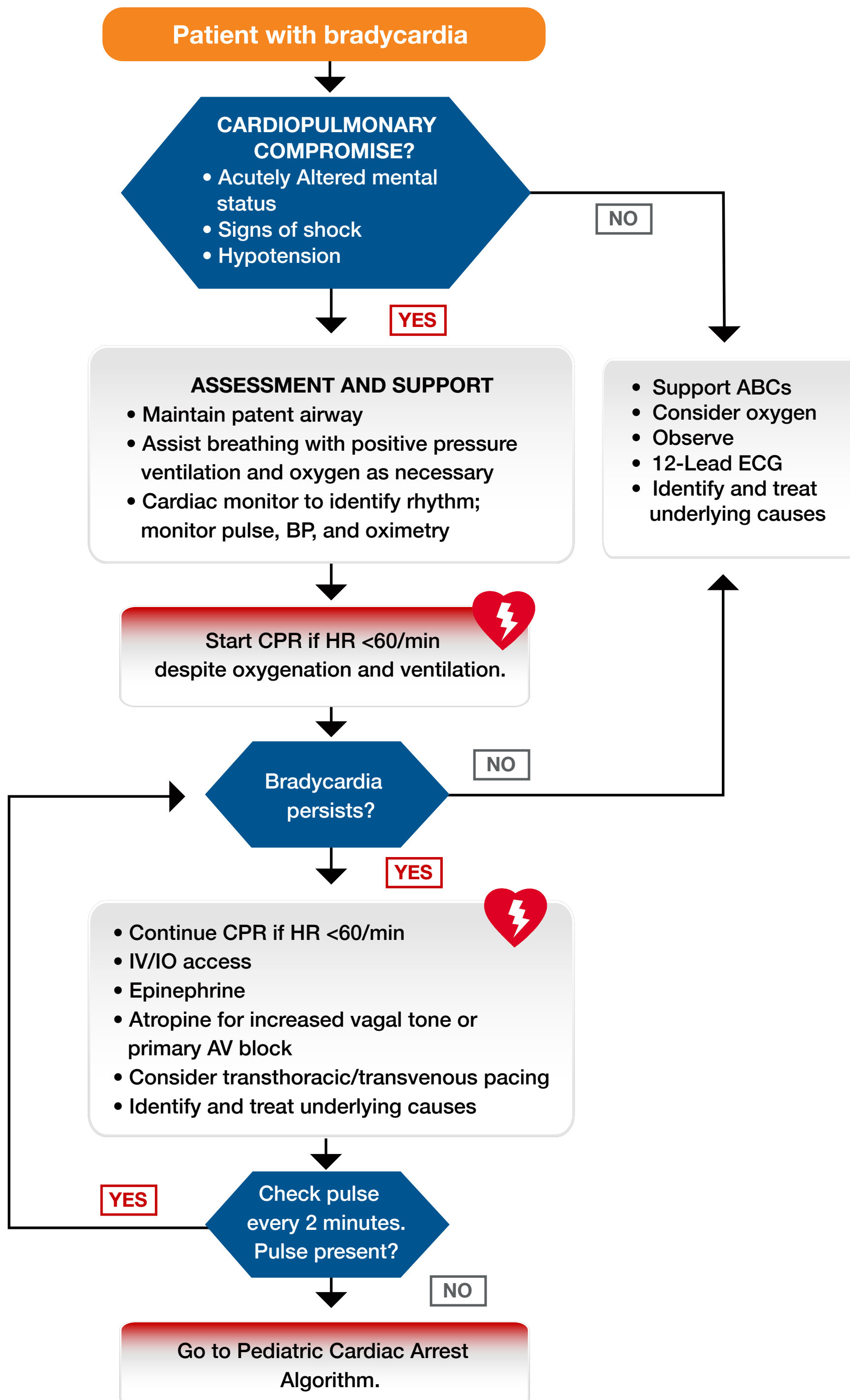
Repeat every 3-5 minutes.
If IV/IO access not available put endotracheal (ET) tube in place, may give ET dose:
0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).

Atropine IV/IO dose:

0.02 mg/kg. May repeat once.
Minimum dose 0.1 mg and maximum single dose 0.5 mg.

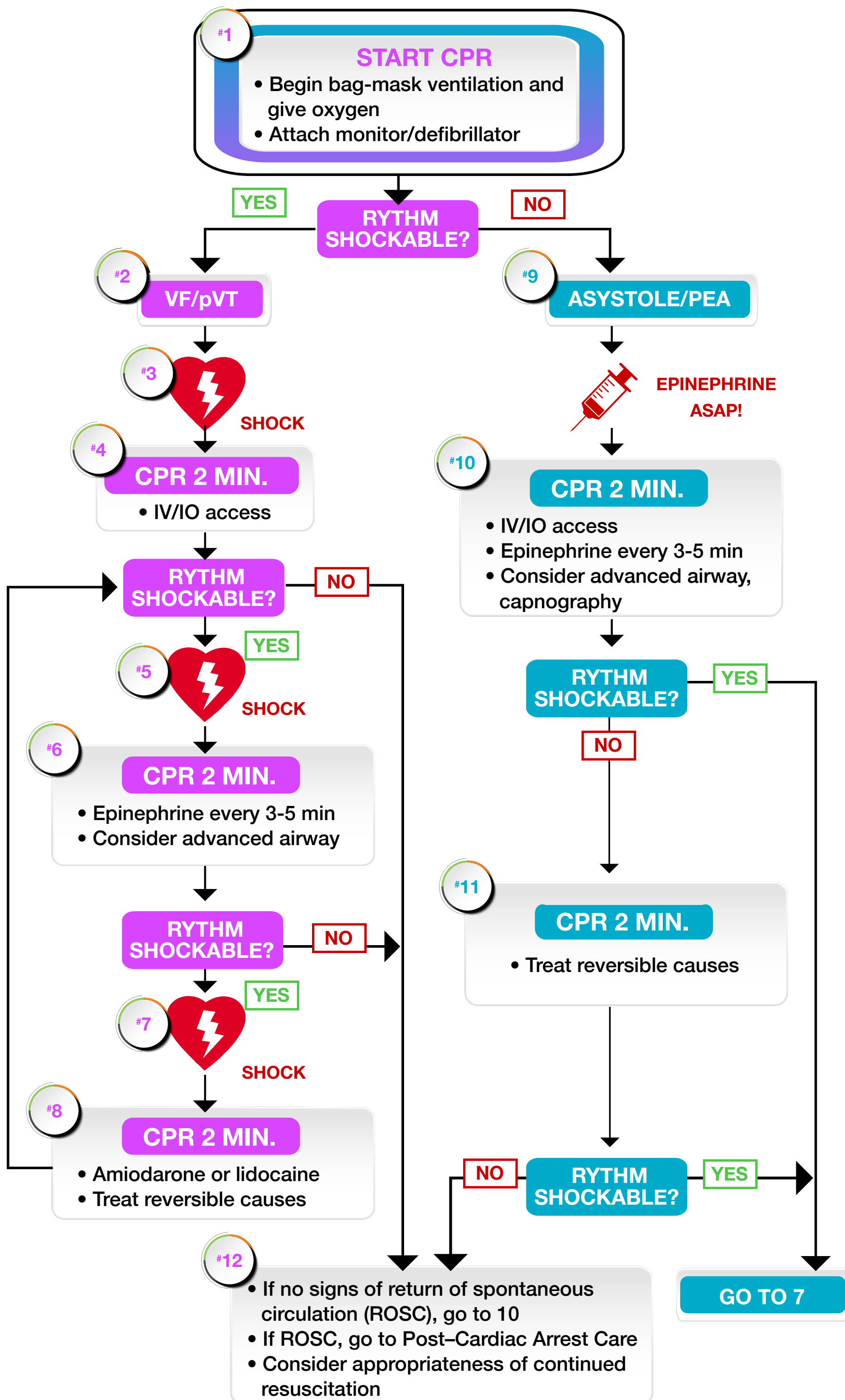
POSSIBLE CAUSES

- Hypothermia
- Hypoxia
- Medications



Pediatric Cardiac Arrest Algorithm

Assessment and Treatment



CPR

CPR Quality:

- Push hard ($\geq \frac{1}{3}$ of anteroposterior diameter of chest) and fast (100-120/min) and allow complete chest recoil.
- Minimize interruptions in compressions.
- Change compressor every 2 minutes, or sooner if fatigued.
- If no advanced airway, 15:2 compression-ventilation ratio.
- If advanced airway, provide continuous compressions and give a breath every 2-3 seconds.

Shock Energy for Defibrillation:

- First shock 2 J/kg
- Second shock 4 J/kg
- Subsequent shocks ≥ 4 J/kg, maximum 10 J/kg or adult dose

Drug Therapy:

- **Epinephrine IV/IO dose:** 0.01 mg/kg (0.1 mL/kg of the 0.1 mg/mL concentration). Max dose 1 mg. Repeat every 3-5 minutes. If no IV/IO access, may give endotracheal dose: 0.1 mg/kg (0.1 mL/kg of the 1 mg/mL concentration).
- **Amiodarone IV/IO dose:** 5 mg/kg bolus during cardiac arrest. May repeat up to 3 total doses for refractory VF/pulseless VT or
- **Lidocaine IV/IO dose:** Initial: 1 mg/kg loading dose

Advanced Airway:

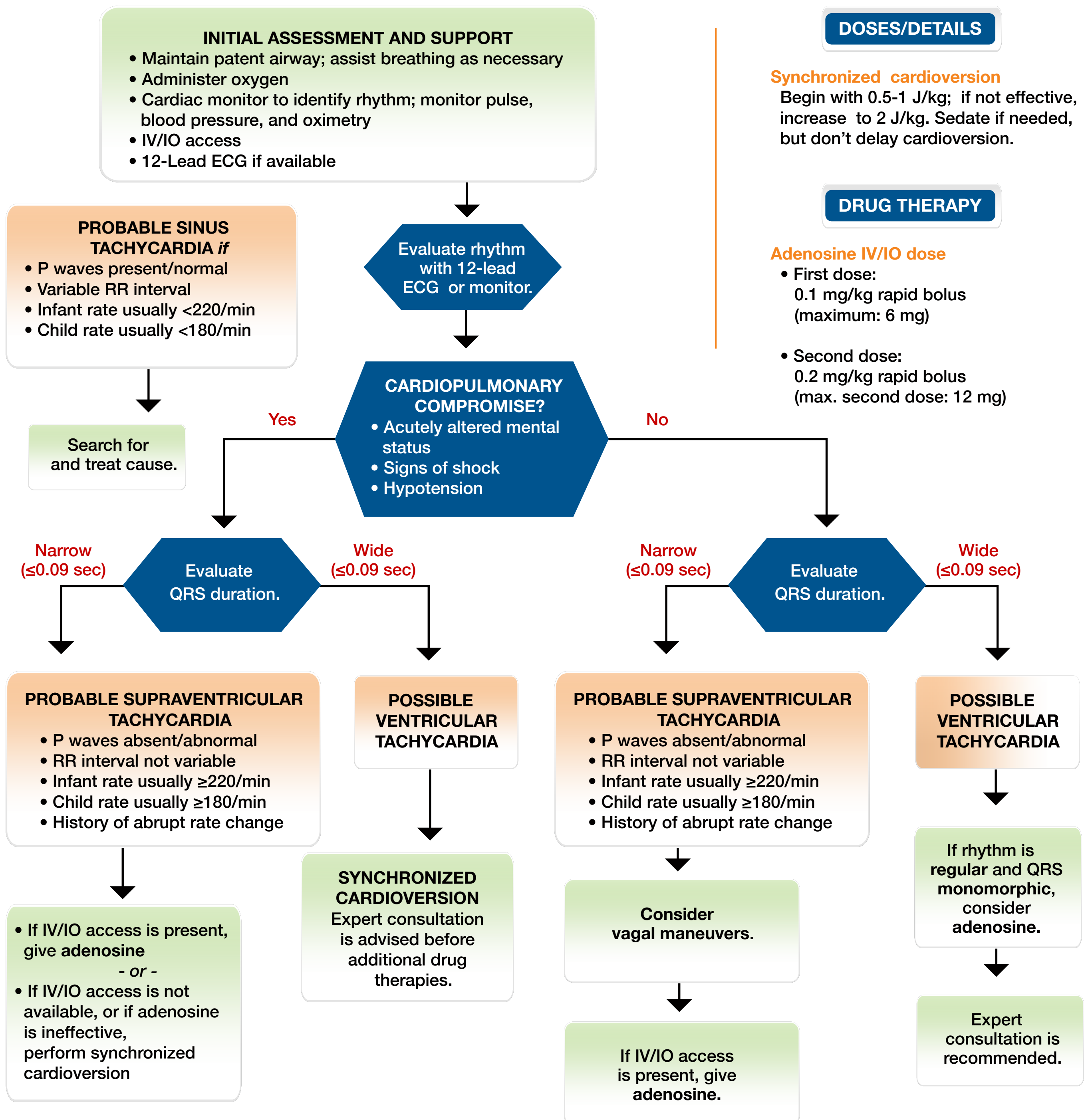
- Endotracheal intubation or supraglottic advanced airway
- Waveform capnography or cap-nometry to confirm and monitor ET tube placement

Reversible Causes:

- Hypovolemia
- Hypoxia
- Hydrogen ion (acidosis)
- Hypo-/hyperkalemia
- Hypothermia
- Tension pneumothorax
- Tamponade, cardiac
- Toxins
- Thrombosis, pulmonary
- Thrombosis, coronary

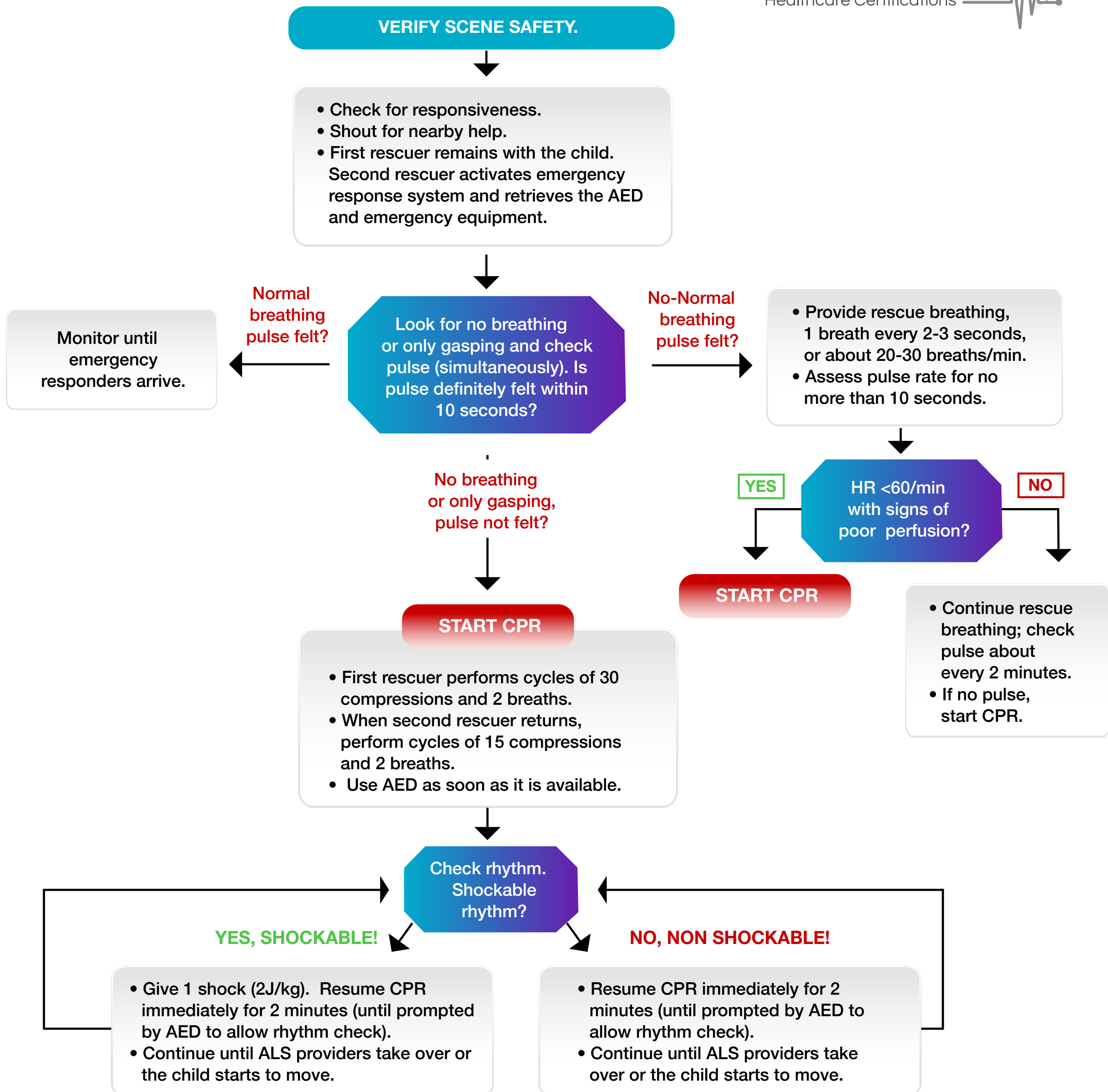
Pediatric Tachycardia with Pulse

Assessment and Treatment



Pediatric BLS Algorithm

For Healthcare Providers—2 or More Rescuers



Pediatric BLS Algorithm

For Healthcare Providers—Single Rescuer

