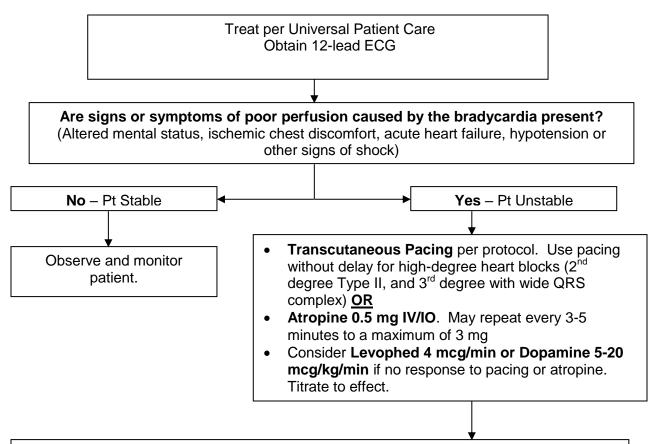
HEART RATE < 50 BPM AND INADEQUATE FOR CLINICAL CONDITION



- If patient is uncomfortable, consider Midazolam 2.5 mg IV/IO/IN or 5 mg IM. May repeat IV/IO once. OR Lorazepam 1 mg IV or2 mg IM/IN. OR Ketamine 1 mg/kg IV or 2 mg/kg IM (*OMLC*)
- If capture is not achieved, try repositioning pads.

NOTES & PRECAUTIONS:

- A. Bradycardia may be protective in the setting of cardiac ischemia and should only be treated if associated with serious signs and symptoms of hypoperfusion.
- B. Most pediatric bradycardia is due to hypoxia.
- C. 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.
- D. Immediate transcutaneous pacing can be considered in unstable patients when vascular access is not available.
- E. Transcutaneous pacing is not useful in asystole.
- F. *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

