

BRADYCARDIA	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> <li>Universal Protocol #601</li> </ul>	Same as Adult
BLS Optional	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
ALS Standing Orders	
<ul style="list-style-type: none"> <li>Obtain 12-lead ECG</li> <li>With STEMI contact STEMI base prior to administration of Atropine unless in extremis</li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li><b>Atropine</b> 0.5 mg IV                             <ul style="list-style-type: none"> <li>May repeat every 3-5 min (not to exceed 3 mg total)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Obtain 12-lead ECG</li> </ul> <p style="text-align: center;"><b>Unstable</b></p> <ul style="list-style-type: none"> <li><b>Epinephrine 1:10,000</b> 0.01 mg/kg (0.1 ml/kg) slow IV not to exceed 0.3 mg per dose                             <ul style="list-style-type: none"> <li>May repeat every 3-5 min</li> </ul> </li> </ul>
Base Hospital Orders Only	
<ul style="list-style-type: none"> <li><b>Normal Saline</b> fluid bolus 500 mL</li> <li><b>Atropine</b> 0.5 mg IV for stable patient or STEMI patient not in extremis</li> <li><b>Dopamine</b> 5-20 mcg/kg/min</li> <li><b>Beta Blocker Overdose</b> <ul style="list-style-type: none"> <li><b>Glucagon</b> 3-10 mg slow IV (when cache available)</li> </ul> </li> <li><b>Calcium Channel Blocker Overdose</b> <ul style="list-style-type: none"> <li><b>Calcium Chloride</b> 1 Gm slow IV</li> </ul> </li> <li><b>Organophosphate Overdose</b> <ul style="list-style-type: none"> <li><b>Atropine</b> 2 mg IV/IO/IM repeat as needed</li> </ul> </li> <li><b>Tricyclic Overdose</b> – with signs of QRS widening (&gt;0.1 seconds)                             <ul style="list-style-type: none"> <li><b>Sodium Bicarbonate</b> 1 mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose</li> </ul> </li> <li><b>Hyperkalemia</b> <ul style="list-style-type: none"> <li><b>Calcium Chloride</b> 1 Gm slow IV</li> <li><b>Sodium Bicarbonate</b> 1 mEq/kg IV/IO</li> </ul> </li> <li>As needed</li> </ul>	<ul style="list-style-type: none"> <li><b>Atropine</b> 0.02 mg/kg IV (minimum dose of 0.1 mg and maximum dose of 0.5 mg)                             <ul style="list-style-type: none"> <li>May repeat every 3-5 min (not to exceed 1 mg total)</li> </ul> </li> <li><b>Normal Saline</b> fluid bolus 20 mL/kg</li> <li><b>Beta Blocker Overdose</b> <ul style="list-style-type: none"> <li><b>Glucagon</b> 0.1 mg/kg IV/IM</li> </ul> </li> <li><b>Calcium Channel Blocker Overdose</b> <ul style="list-style-type: none"> <li><b>Calcium Chloride</b> 20mg/kg slow IV (maximum single dose of 500 mg)</li> </ul> </li> <li><b>Organophosphate Overdose</b> <ul style="list-style-type: none"> <li><b>Atropine</b> 0.05-0.1 mg/kg IV/IO/IM</li> </ul> </li> <li><b>Tricyclic Overdose</b> – with signs of QRS widening                             <ul style="list-style-type: none"> <li><b>Sodium Bicarbonate</b> 1 mEq/kg IV/IO, may repeat every 10 minutes at ½ the initial dose</li> </ul> </li> <li>As needed</li> </ul>
Notes	
<ul style="list-style-type: none"> <li>Atropine in pediatric patients may cause paradoxical bradycardia</li> <li>High degree heart blocks (Second degree type II, and Third degree) may respond poorly to Atropine                             <ul style="list-style-type: none"> <li>If unstable consider obtaining Base Hospital Orders for Dopamine instead of Atropine</li> </ul> </li> <li>Ensure all Calcium Chloride is thoroughly flushed from IV tubing prior to administration of Sodium Bicarbonate</li> <li>Higher doses of Atropine may be needed for organophosphate OD</li> </ul>	