

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