

FORSYTH COUNTY EMS Pediatric and OB Protocols

Pediatric Bradycardia

History: <ul style="list-style-type: none"> * Past medical history * Foreign body obstruction * Respiratory distress or arrest * Apnea * Possible toxin or poison exposure * Congenital disease * Medication (maternal or infant) 	Signs and Symptoms: <ul style="list-style-type: none"> * Decreased heart rate * Delayed capillary refill or cyanosis * Mottled, cool skin * Hypotension or arrest * Altered level of consciousness 	Differential: <ul style="list-style-type: none"> * Respiratory effort * Respiratory obstruction Foreign body / Secretions Croup / Epiglottitis * Hypovolemia * Hypothermia * Infection / Sepsis * Medication or Toxin * Hypoglycemia * Trauma
---	--	--

Universal Patient Care Protocol

Pediatric Airway Protocol

Poor perfusion
Decreased blood pressure
Respiratory insufficiency

Yes

IV Protocol

Heart rate < 60?
CPR

Epinephrine 1:10,000

Atropine

Reassess

Pulse

No pulse
Pulseless Arrest Protocol

No

Monitor
and
reassess

Legend	
	MR / EMT
	Expanded Scope EMT
	EMT-I
	EMT-P
	Medical Control

Contact Medical Control

Consider **External Transcutaneous Pacing**

Pearls:

- * Exam: **Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- * **Infant** = < 1 year of age **Child**= 1-8 years of age
- * Most maternal medications pass through breast milk to the infant.
- * The majority of pediatric arrests are due to airway problems.
- * Hypoglycemia, severe dehydration and narcotic effects may produce bradycardia.

Approved by: _____

R.L. Alson, M.D.
October, 2003