

# Pediatric Symptomatic Bradycardia

**Designation of Condition:** The patient will present with a bradycardic heart rate. Associated signs and symptoms may include decreased or altered LOC, delayed capillary refill, cyanosis, mottled cool skin, SOB, pulmonary edema, or shock. In pediatric patients, bradycardia most often results from respiratory failure

**\*\*\*KEY POINTS\*\*\***

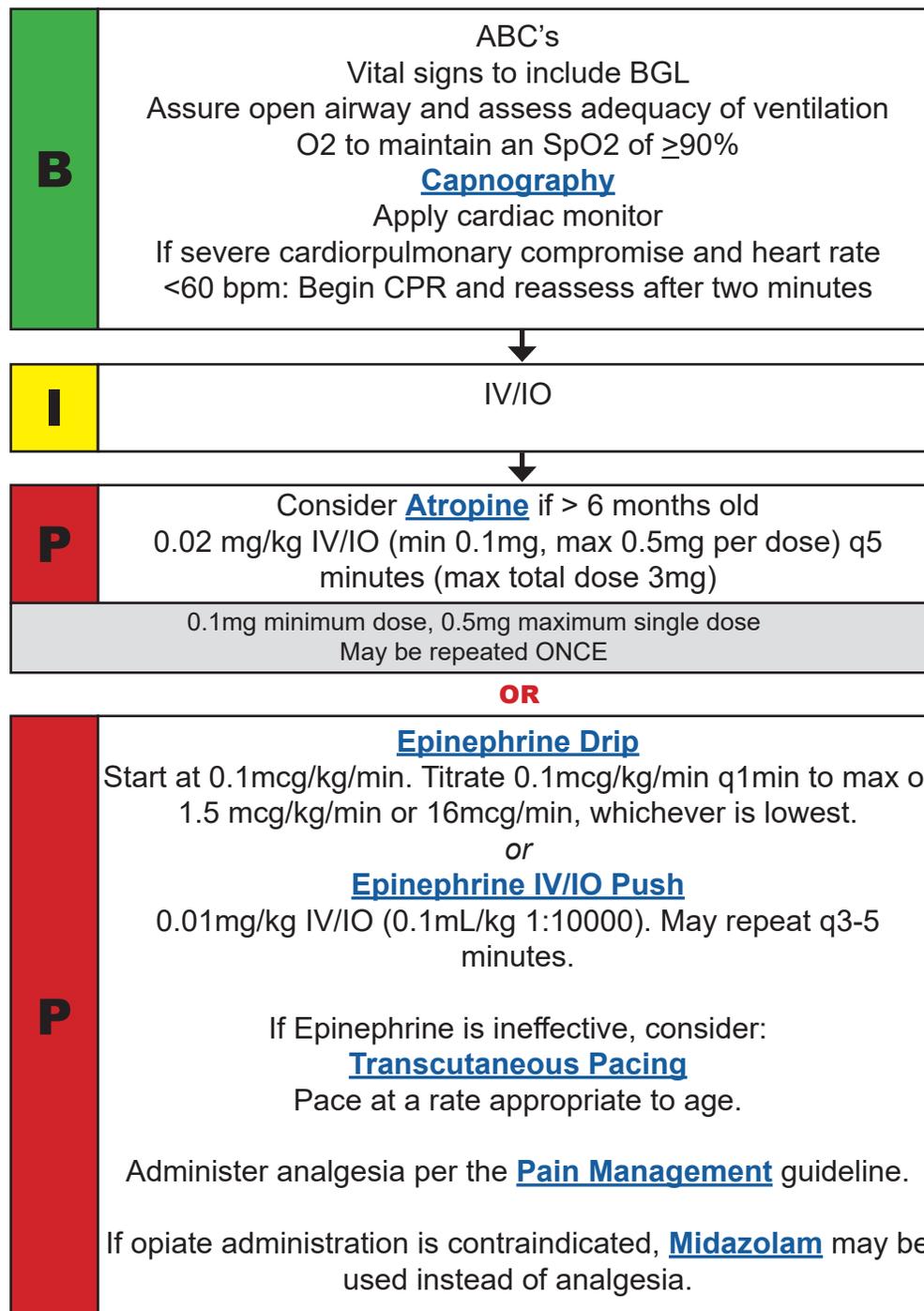
**Hypoxia is the most common cause of symptomatic bradycardia in children.**

**Initial interventions should focus on supportive airway measures including ventilation and oxygenation.**

**Pacing is most likely to be necessary for children with AV blocks following cardiovascular surgery or who have denervated hearts following transplant surgery, rendering them unable to respond to Atropine.**

**Epinephrine is first drug choice for persistent, symptomatic bradycardia.**

**Atropine is second choice, unless there is evidence of increased vagal tone or a primary AV conduction block, then give atropine first.**



AGE	Heart rate	Respiratory Rate	Systolic blood pressure
Newborn	100–160	30–60	50–70
1 to 6 weeks	100–160	30–60	70–95
6 months	90–120	25–40	80–100
1 years	90–120	20–30	80–100
3 years	80–120	20–30	80–100
6 years	70–100	18–25	80–110
10 years	60-90	16-22	90-120
12 years	60-90	15-20	105-135