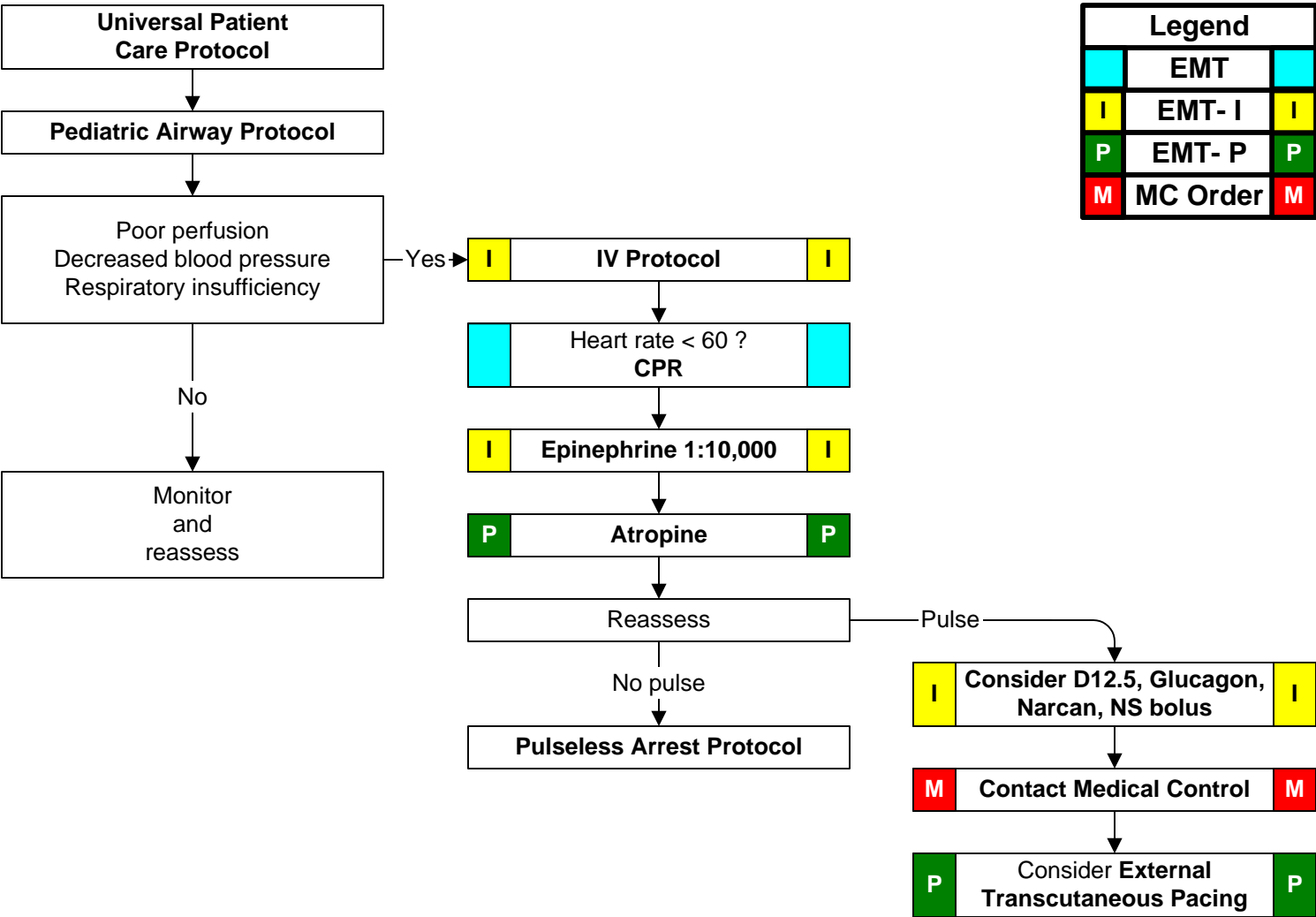




Pediatric Bradycardia



History: <ul style="list-style-type: none"> • Past medical history • Foreign body exposure • Respiratory distress or arrest • Apnea • Possible toxic 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
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Pearls: <ul style="list-style-type: none"> • Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro • Infant = < 1 year 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. • Pediatric patients requiring external transcutaneous pacing require the use of pads appropriate for pediatric patients per the manufacturers guidelines.
