

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Pediatric Cardiac Dysrhythmias**  
Policy Number: 9014.25

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Signature on File  
EMS Medical Director

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Signature on File  
EMS Administrator

**Purpose:**

- A. To establish the treatment standard in treating pediatric patients with symptomatic bradycardias.
- B. To serve as the treatment standard for treating pediatric patients with tachyarrhythmia's with pulses.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

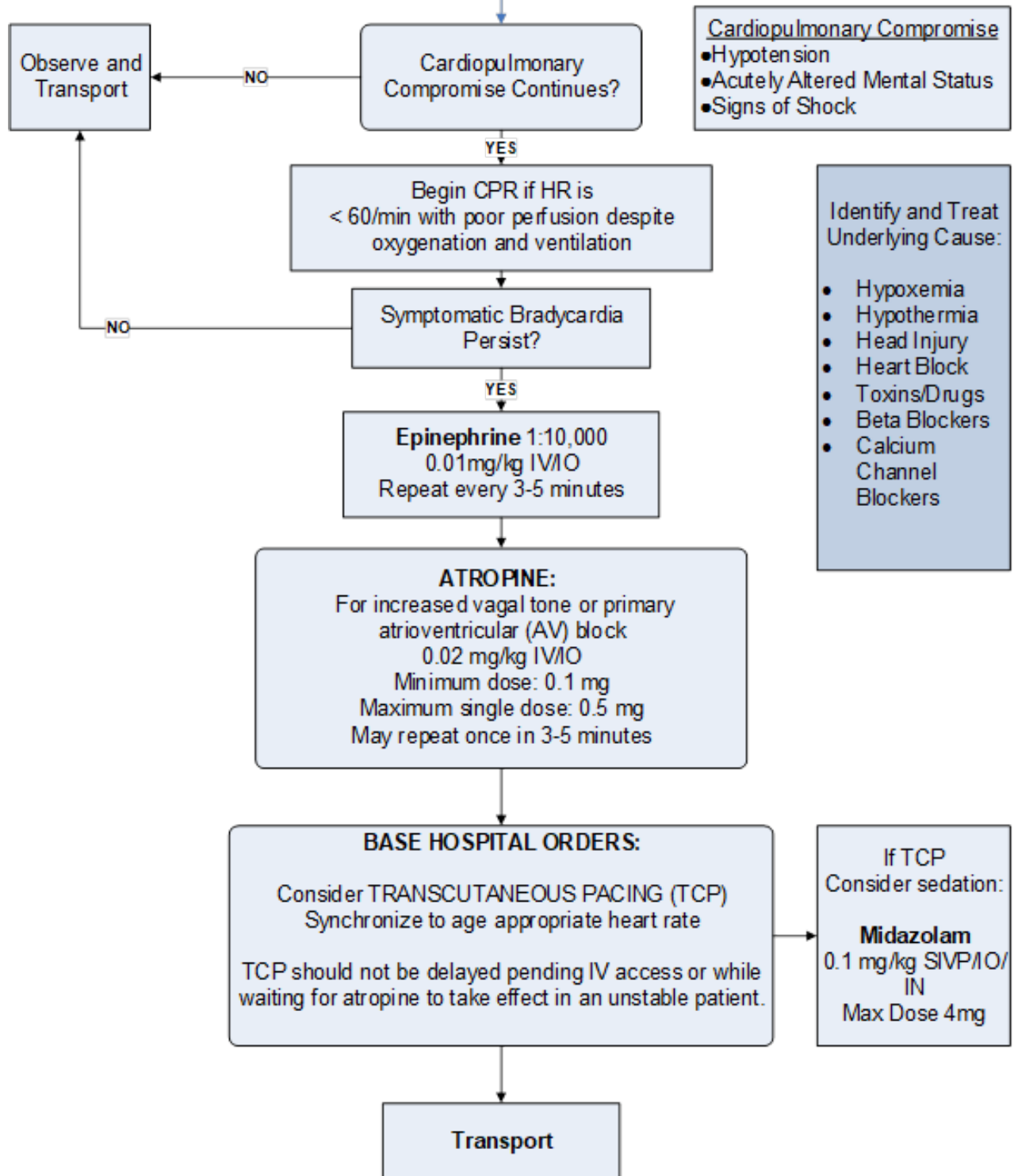
**Protocol:**

- A. Most pediatric bradycardias can be corrected by hyperventilation with 100% oxygen.
- B. When Cardiopulmonary Resuscitation (CPR) is indicated, high quality CPR improves survival: "Push hard, push fast", minimize interruptions; allow full chest recoil, and don't hyperventilate".
- C. In the prehospital setting with short transport times, Bag Valve Mask (BVM) ventilation is the method of choice for children who required ventilatory support.
- D. Symptomatic Brady and Tachy-Dysrhythmias frequently have an underlying cause which should be recognized and treated in addition to any treatment directed at the dysrhythmia itself. It is critically important to determine the cause of the patient's instability in order to properly direct treatment. Search for and treat possible contributing factors (i.e. Hypothermia, Hyperkalemia, Hypovolemia, Hypoxia, Hypoglycemia, Tamponade, Thrombosis, Tension Pneumothorax, Toxins, Trauma, etc.).

E. Avoiding hypothermia is imperative to the management of the critical pediatric patient. Passive warming measures including warm ambient/environmental temperature, use of blanket, covering head may be used to maintain normal body temperature  $>37^{\circ}\text{C}$  or  $98.6^{\circ}\text{F}$ .

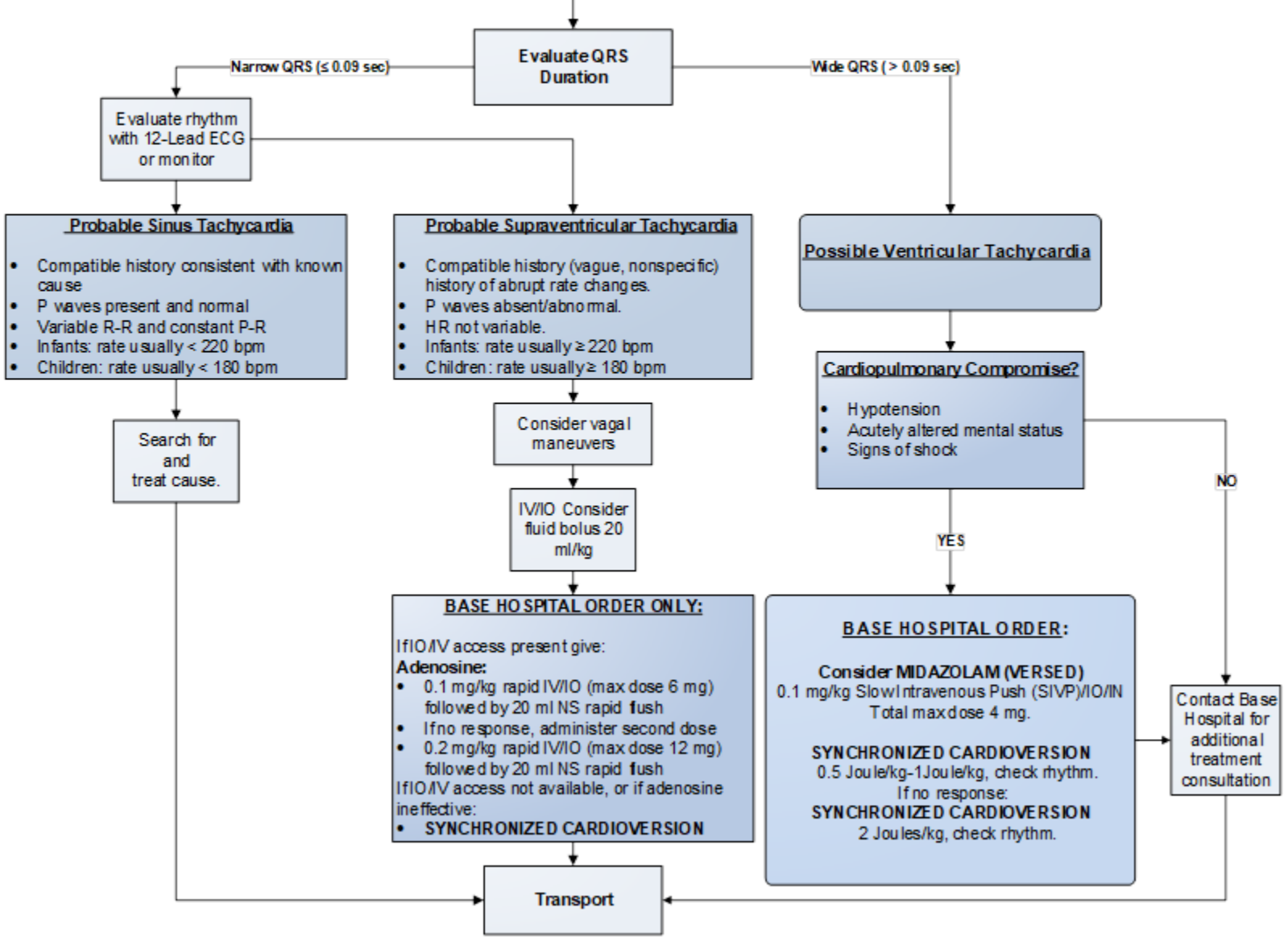
## PEDIATRIC BRADYCARDIA

- Maintain patent airway: Assist breathing as necessary.
- Supplemental O<sub>2</sub> as needed to maintain SpO<sub>2</sub> ≥ 94%. Use lowest concentration and flow rate of O<sub>2</sub> as possible.
- Cardiac monitor, monitor B/P and SpO<sub>2</sub> oximetry.
- 12-Lead if available. Do not delay therapy.
- IV/IO access



**Pediatric Tachycardia with a Pulse and Poor Perfusion**

- Identify and treat underlying causes
- Maintain patent airway; Assist breathing as necessary
- Supplemental O<sub>2</sub> as needed to maintain SpO<sub>2</sub> ≥ 94%. Use lowest concentration and flow rate of O<sub>2</sub> as possible.
- Cardiac monitor to identify rhythm; monitor blood pressure.
- 12-Lead ECG if available; don't delay therapy.
- IV/IO Access.



**Cross Reference:**

PD# 8837 - Pediatric Airway Management

**NOTE:**

Accessible version of flowchart(s) will be provided upon request submitted to [scemsainfo@saccounty.gov](mailto:scemsainfo@saccounty.gov).