

EMT/ADVANCED EMT STANDING ORDERS

E/A

- Routine Patient Care.
- Consider the underlying causes of bradycardia (e.g., hypoxia, hypoglycemia, hypovolemia, and hypothermia).
- Begin/continue CPR if heart rate is <60 bpm with hypoperfusion despite adequate ventilation and oxygenation.
- 12-lead ECG if available.

PARAMEDIC STANDING ORDERS

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- Epinephrine 1:10,000 0.01mg/kg IV (0.1ml/kg of 1:10,000) every 3 – 5 minutes.
- Consider atropine 0.02mg/kg IV for increase vagal tone or AV blocks, may repeat once (minimum single dose: 0.1mg; maximum single dose 0.5 mg.)
- Consider transcutaneous pacing.
- Administer procedural sedation prior to/during pacing, if feasible:
 - Midazolam 0.05mg/kg IV/IN (maximum dose 2.5mg), may repeat once in 5 minutes **OR**
 - Diazepam 0.05mg/kg IV (maximum dose 2mg), may repeat once in 5 minutes.

Other Causes:

- For hypoglycemia see [Hyperglycemia 2.8A&P](#) or [Hypoglycemia 2.10A&P Protocols](#).
- For symptomatic beta blocker or calcium channel blocker overdose, consider glucagon 0.025 – 0.05mg/kg.
- For symptomatic calcium channel blocker overdose consider:
 - Calcium gluconate (10% solution) 100mg/kg IV with a maximum 2 gm/dose over 5 minutes; may repeat in 10 minutes, **OR**
 - Calcium chloride (10% solution) 20mg/kg IV (0.2 ml/kg) with a maximum 1 gm/dose over 5 minute; not to exceed 1 ml per minute. May repeat if clinical indication persists.



For calcium chloride administration, ensure IV patency and do not exceed 1 mL per minute.

PEARLS:

- Combine age specific heart rates with signs of respiratory failure and shock while assessing. If child is asymptomatic, consider no treatment.