

PALS- Bradycardia/Tachycardia

Simple
(supportive)

Drugs
(stable)

Electricity
(unstable)

Brady
CPR if HR <60 w/ poor perfusion

VOMIT
*High Emphasis on Respiratory
*Stimulate

Epi 0.01 mg/kg q3-5
(max 1mg)
Atropine 0.02mg/kg
(0.1-0.5mg per dose)
*2 dose max

TCP -Pacing
*set rate (nml HR for age)
*↑mAmps till Capture
*A QRS with every pacer spike indicates "Capture"
*verify w/pulse ✓

SVT
Narrow QRS
Rate >180 kids or >220 infants

VOMIT
*Vagal Maneuvers

Adenosine 0.1 mg/kg
Adenosine 0.2 mg/kg
*Rapid w/Flush
(6mg and 12mg max dose)

Synchronized Cardioversion
First Shock 0.5-1 J/kg
Subsequent Shocks up to 2 J/kg
*Sedate when possible

Synchronize Shock= alive
Defibrillate= dead

VT w/pulse
Wide QRS
*monomorphic nnnnnn

VOMIT
*Expert Consultation

Amiodarone 5mg/kg
*Give over 20-60 minutes
*Expert Consultation Recommended

Unstable
C- chest pain
A- altered mental status
S- shock/SOB
H-hypotension /heart fx
***Signs of CASH**
Then you might Need "Joules"

If they are stable give them medicine, unstable give them Edison!