



Pediatric Shock

E	O2 as necessary to maintain SpO2 > 94%
	Airway adjuncts as needed
	Assess for trauma
	Maintain body temperature
	Blood glucose analysis
A	Obtain vascular access
P	Cardiac monitor
	Consider 12-Lead ECG

History, exam and circumstances often suggest type of shock
WAS TRAUMA INVOLVED?

Yes

No

E	Spinal motion restriction, <i>if indicated</i>
	CONTROL HEMORRHAGE and wound care, <i>as indicated</i>
A	Normal Saline bolus IV/IO For any signs of shock, attach Normal Saline (NS) and administer fluid challenge of 20 ml/kg if systolic blood pressure less than minimum for age
P	Chest Decompression procedure <i>if indicated</i>

A	Normal Saline bolus IV/IO For any signs of shock, attach Normal Saline (NS) and administer fluid challenge of 20 ml/kg if systolic blood pressure less than minimum for age
	Push Dose Epinephrine: 1mcg/kg (max single dose 10mcg). May repeat every 2 minutes slow IV/IO push: 0.01mg/mL (10 mcg/mL) – 0.5–2 mL (5–20 mcg) IV/IO every 2–5 minutes. Titrate to minimum SBP for patient's age, improvement of symptoms.

	Notify receiving facility. Contact Base Hospital for medical direction	
--	---	--

DRAFT

E	EMT
A	AEMT
P	Paramedic





Pediatric Shock

- Shock exists anytime there is inadequate perfusion of the body tissue to meet the metabolic demands of the body. Signs of pediatric shock include tachycardia, altered level of consciousness, weak central pulses, weak or absent peripheral pulses, prolonged capillary refill (> two (2) seconds), bradycardia hypotension, and irregular respirations.
- Shock in children may be subtle and difficult to recognize. Tachycardia may be the only sign noted. Hypotension is a late sign of shock. Determining a blood pressure may be difficult and readings may be inaccurate in children < three (3) years of age.
- Compensated shock can present as: tachycardia, cool extremities, capillary refill time of > two (2) seconds (despite warm ambient temperature), weak peripheral pulses compared with central pulses and normal blood pressure.
- Decompensated shock can present as hypotension and/or bradycardia (late findings), decreased mental status, decreased urine output, tachypnea, and non-detectable distal pulses with weak central pulses.
- The evaluation of a patient in shock must include a search for its cause from one of the forms of shock:
 1. Hypovolemic
 2. Hemorrhagic
 3. Cardiogenic
 4. Neurologic
 5. Insulin Shock
 6. Anaphylactic
 7. Sepsis
- In addition to the fluid resuscitation and transport noted below, treat any underlying cause as directed by protocol.
- Avoiding hypothermia is imperative to the management of the critical pediatric patient. Passive warming measures including warm ambient/environmental temperature, use of blankets, covering head may be used to maintain normal body temperature >37°C or 98.6°F.

Cross Reference:

PD# 8837 - Pediatric Airway Management
PD# 9016 - Pediatric Parameters

