

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02
Supersedes: 01/01/11

Protocol: P-048

PEDIATRIC SHOCK

SUBJECTIVE FINDINGS

History of onset of symptoms, duration, fluid loss (nausea, vomiting, diarrhea), fever, infection, trauma, ingestion or history of allergic reaction, past history of cardiac disease or rhythm disturbances

OBJECTIVE FINDINGS

COMPENSATED:

Anxiety, agitation, restlessness
Tachycardia
Normotensive
Capillary refill normal to delayed
Symptoms of allergic reaction
Pallor, mottling

DECOMPENSATED:

Decreased level of consciousness
Tachycardia to bradycardia
Hypotensive
Cyanosis
Delayed capillary refill
Inequality of central & distal pulses

BLS Treatment
<ul style="list-style-type: none">• ABC's, oxygenation, ventilation.• Keep mechanism of injury in mind for trauma and need for C-Spine precautions.• Oxygen by high flow, mask, BVM, as indicated.• Control external bleeding, shock position prn.• Routine Medical Care.
ALS Treatment
<u>Initial Treatment:</u> <ul style="list-style-type: none">• Cardiac monitor.• IV or IO of NS, Dextrose stick, if < 60 mg/dl, see PEDIATRIC: ALTERED MENTAL STATUS Protocol (P-041).
<u>Hypovolemia:</u> <ul style="list-style-type: none">• Fluid bolus 20 ml/kg IV or IO re-assess, repeat prn to maximum 60 ml/kg.
<u>Distributive:</u> <ul style="list-style-type: none">• Fluid bolus 20 ml/kg IV or IO reassess, repeat prn to 60 ml/kg.• If suspected Anaphylaxis. See PEDIATRIC: ALLERGIC REACTION Protocol (P-040).• Treat rhythm disturbances if symptomatic.
<u>Cardiogenic:</u> <ul style="list-style-type: none">• Go to appropriate DYSRHYTHMIA Protocol.• If tachyarrhythmic or bradyarrhythmic: fluid bolus 10-20 ml/kg IV or IO.

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BASE HOSPITAL CONTACT CRITERIA
For distributive/cardiogenic shock, Dopamine 5-20 mcg/kg/min. *

DOCUMENTATION

Oxygen given

IV or IO of NS established

PRECAUTIONS AND COMMENTS

- If Dextrose stick is < 60 mg/dl see PEDIATRIC ALTERED MENTAL STATUS Protocol (P-041).
- To mix Vasopressor Infusions: use length based tape.