# PEDIATRIC SHOCK

**Effective:** January 1, 2025
**Replaces:** April 27, 2017

## 1. Patient Care Goals

1.1. Initiate early fluid resuscitation and vasopressors to maintain/restore adequate perfusion to vital organs

1.2. Differentiate between possible underlying causes of shock to promptly initiate additional therapy

## 2. BLS Treatment

2.1. Routine Medical Care – Pediatric **(700-S05)**

2.1.1. **Oxygen High Flow** – and assist with ventilations as appropriate

2.2. Place patient in shock position

2.3. Control any obvious bleeding as appropriate

2.3.1. Consider the use of a tourniquet if bleeding is not controlled **(700-M17)**

2.4. Maintain patient's body temperature

2.5. If Anaphylaxis is suspected see treatment protocol **(700-P12)**

2.6. If Trauma is suspected see treatment protocol **(700-P16)**

## 3. ALS Treatment

3.1. **Vascular Access (IV)** or **Vascular Access (IO)**, per procedure **(700-M13)**

## 4. Hypovolemic Shock

4.1. Consider Fluid bolus:

4.1.1. Neonatal: **10ml/kg IV / IO**

4.1.2. Infant and Child: **20ml/kg IV / IO**, max of 60ml/kg

## 5. Cardiogenic shock

5.1. Consider obtaining **12 Lead ECG**

5.2. If dysrhythmia is present treat under appropriate protocol

5.3. Consider a single **Fluid bolus**:

5.3.1. Neonatal: **10 ml/kg IV / IO**

5.3.2. Infant and Child: **20 ml/kg IV / IO**

5.4. **Dopamine 5mcg/kg/min IV**, titrate to patient response

## 6. Pertinent Assessment Findings

6.1. Decreased perfusion manifested by altered mental status, or abnormalities in capillary refill or pulses, decreased urine output

6.1.1. Cardiogenic, hypovolemic, obstructive shock: capillary refill greater than 2 seconds, diminished peripheral pulses, mottled cool extremities

6.1.2. Distributive shock: flash capillary refill, bounding peripheral pulses

## 7. Key Documentation Elements

7.1. Medications administered

7.2. Vital signs according to Routine Medical Care – Pediatric **(700-S05)**

7.3. Neurologic status assessment

7.4. Amount of fluids given