

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

PEDIATRIC SHOCK

- I. Assessment**
 - A. Consider multiple etiologies of shock (hypovolemic, neurogenic, septic and cardiogenic).
 - B. Manifestations include:
 - 1. Altered mental status
 - 2. Tachycardia
 - 3. Absent peripheral pulses
 - 4. Cool, clammy, mottled skin
 - 5. Capillary refill time longer than 2 seconds
 - 6. Late signs
 - a. Hypotension
 - b. Bradycardia

FIRST RESPONDER

- II. General Management**
 - A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
 - B. Control major bleeding
 - C. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three
 - D. Arrange for ALS intercept.

BASIC LIFE SUPPORT

- E. Immediate load and transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

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ADVANCED LIFE SUPPORT

- F. Monitor EKG

- G. IV/IO NORMAL SALINE¹
 - 1. Large catheters of 16-18ga preferred.
 - 2. Administer a NS Fluid bolus at 20cc/kg and reassess the patient.
 - a. If signs of shock persist, bolus may be repeated at the same dose up to two times for a total of 60cc/kg.
 - 3. Monitor breath sounds for evidence of volume overload.

CONTACT MEDICAL CONTROL

- H. Possible orders post radio contact
 - 1. Additional IV fluids.
 - 2. Consider DOPAMINE

¹ If signs of decompensated shock are present in a child less than 6 yrs of age and IV access cannot be obtained, obtain IO access. IV/IO attempts should not delay transport or extrication of critically injured patients.

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