



Pediatric Shock

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Effective: 06/01/2018

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Next Review: As Needed

- Shock in children may be subtle and difficult to recognize – tachycardia may be the only sign noted
- Hypotension is a late sign of shock – BP may be difficult to obtain or inaccurate in children < 3 years of age
- Obtain history including:
 - Onset and duration of symptoms
 - Fluid Loss (vomiting, diarrhea)
 - Fever, infection, trauma or ingestion
 - History of: allergic reaction, cardiac disease or rhythm disturbances
- Important signs to watch for:

COMPENSATED SHOCK

- Tachycardia
- Cool extremities
- Capillary refill time > 2 seconds
- Weak peripheral pulses compared with central pulses
- Normal blood pressure

DECOMPENSATED SHOCK

- Hypotension and/or bradycardia (late findings)
- Decreased mental status
- Decreased urine output
- Tachypnea
- Non-detectable distal pulses with weak central pulses

BLS

- Assess & support ABC's
- High flow O₂ & keep warm
- Assess V/S, including SpO₂
- Check blood glucose (BG) if able
- Administer oral glucose if indicated

LALS

Cardiac monitor (AEMT II ONLY)

- IV/IO NS TKO
- Fluid Bolus NS 20 mL/kg**
- Reassess & repeat if necessary for continued signs of shock*
- *If DKA suspected, contact base hospital for consultation prior to repeat fluid boluses**

Blood glucose
≤ 60 mg/dl?

YES

Dextrose 10%

- 5 ml/kg (0.5 gm/kg) IV/IO (max dose: 10 gm/100 ml)

If IV/IO delay anticipated:

Glucagon

- < 24 kg: 0.5 mg IM/IN
- ≥ 24 kg: 1 mg IM/IN

OR

Oral Glucose (BLS or ALS)

- Glucose solution/gel or 2-3 Tbsp of sugar in water/juice if conscious/able to swallow

NO

Monitor & Reassess