

05-0815 – Pediatric Shock/Hypotension

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Definition

Pediatric Shock/Hypotension

Inadequate tissue perfusion to meet metabolic needs in an infant or child.

Precautions

1. Children may compensate for an extended period of time and then decompensate quickly.
2. Hypotension is not always a reliable sign of perfusion. Note infant/child's level of consciousness and capillary refill.
3. Do not delay transport for multiple IV attempts.

Treatment

BLS

1. ABC's
2. High flow O₂, assist respirations as needed.
3. Control external hemorrhage with direct pressure.
4. Keep patient warm and NPO.
5. Rapid transport.

ALS

1. Cardiac monitor, treat dysrhythmias as indicated per appropriate PALS/ACLS Guidelines.
2. Establish two large bore IVs. If unable to establish peripheral IV access, proceed rapidly to IO insertion.
3. Fluid bolus: 20mls/kg, may repeat as needed. Maximum 60mls/kg then per base hospital physician order.
4. Obtain blood glucose and treat as indicated. See protocol [#05-0809 Pediatric Altered Neurological Function, \(Non-traumatic\)](#).

Documentation

5. Treatment initiated and patient's response to treatment.
6. Skills and meds usage form as indicated.