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 Executive Director

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 Medical Director

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**PEDIATRIC NON-TRAUMATIC SHOCK**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

History may include: GI bleeding, vomiting, diarrhea, allergic reaction, and septicemia.

Physical signs may be due to circulatory insufficiency (collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse) or sympathetic compensation (pale, cold, clammy, mottled skin, rapid respirations, anxiety). Signs of compensation may be absent in children or if taking vasoactive medications. **NOTE:** a decreased blood pressure is a late sign of shock.

**STANDING ORDERS**

**ABCs**

**SECURE AIRWAY** As appropriate. Confirm tube placement, if intubated, with end-tidal CO<sub>2</sub> detector and esophageal detector device. **Monitor intubated patients with continuous waveform capnography if available.**

**OXYGEN**

**MONITOR** Treat rhythm as appropriate.

**IV/IO ACCESS** With micro drip tubing and volume control chamber. Give 20 ml/kg fluid boluses until Broselow tape BP target. Reassess after each bolus.

**CONSIDER CAUSE**

Cardiogenic - IV fluid boluses.  
 Hypovolemia - IV fluid boluses.  
 Hypoxia - oxygenate.  
 Anaphylaxis - refer to Allergic Reaction Policy 555.42  
 Overdose - refer to Poisoning Policies 555.51-555.56  
 Tension pneumothorax - refer to Traumatic Shock Policy 555.82

**DRAW BLOOD SAMPLE**

Test for glucose

**DEXTROSE**

If blood glucose less than 75 mg/dl: D50W 1 ml/kg IV for patient over 2 years of age or D25W 2 ml/kg IV for patients under 2 years. May repeat once. Give oral glucose to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.

**GLUCAGON**

0.05 mg/kg IM if blood glucose is less than 75 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.

**BASE PHYSICIAN ORDERS**

**DOPAMINE**

Drip at 10 mcg/kg/minute for shock unresponsive to IV fluids.  
 Titrate to Broselow tape BP target.