

APPROVED: SIGNATURE ON FILE IN EMS OFFICE
 Executive Director

SIGNATURE ON FILE IN EMS OFFICE
 Medical Director

EFFECTIVE DATE 01/01/2004
 SUPERSEDES: _____
 REVISED: _____
 REVIEW DATE: 01/2009
 PAGE: 1 of 2

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

Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation only if unable to establish adequate ventilation and oxygenation using a BVM. Confirm placement, if intubated, with end-tidal CO₂ detector. **Continuous waveform capnography should be used in all intubated patients, if available.** As appropriate. Confirm tube placement, if intubated, with end-tidal CO₂ 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. [KEMM1]

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.