



PEDIATRIC SHOCK

Effective: April 27, 2017
Replaces: June 2012
Review: April 27, 2022

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric **(700-S05)**
 - 1.1.1. **Oxygen High Flow** – and assist with ventilations as appropriate
- 1.2. Place patient in shock position
- 1.3. Control any obvious bleeding as appropriate
 - 1.3.1. Consider the use of a tourniquet if bleeding is not controlled **(700-M17)**
- 1.4. Maintain patient's body temperature
- 1.5. If Anaphylaxis is suspected see treatment protocol **(700-P12)**
- 1.6. If Trauma is suspected see treatment protocol **(700-P16)**

2. ALS Treatment

- 2.1. **Vascular Access (IV)**, TKO
- 2.2. **Vascular Access (IO)**, if patient is unconscious

3. Hypovolemic Shock

- 3.1. Consider Fluid bolus:
 - 3.1.1. Neonatal: **10ml/kg**
 - 3.1.2. Infant and Child: **20ml/kg**, max of 60ml/kg

4. Cardiogenic shock

- 4.1. Obtain **12 Lead ECG**
- 4.2. If dysrhythmia is present treat under that appropriate protocol
- 4.3. Consider a single **Fluid bolus**:
 - 4.3.1. Neonatal: **10 ml/kg**
 - 4.3.2. Infant and Child: **20 ml/kg**
- 4.4. Dopamine 5mcg/kg/min IV, titrate to patient response