

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9013.13
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	PEDIATRIC	Last Reviewed Date:	11/01/15
	Shock	Effective Date:	05/01/18
		Review:	11/01/19

EMS Medical Director

EMS Administrator

Purpose:

- A. To serve as the treatment standard for EMT's and Paramedics in treating pediatric patients assessed to be in shock.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Notes:

- A. Shock exists anytime there is inadequate perfusion of the body tissue to meet the metabolic demands of the body. Signs of Pediatric shock include tachycardia, altered level of consciousness, weak central pulses, weak or absent peripheral pulses, prolonged capillary refill (>4 seconds), bradycardia, hypotension and irregular respirations. **Shock in children may be subtle and difficult to recognize. Tachycardia may be the only sign noted. Hypotension is a late sign of shock. Determining a blood pressure may be difficult and readings may be inaccurate in children < three (3) years of age.**
- B. **Compensated shock can present as:**
 - Tachycardia, cool extremities, capillary refill time of > two (2) seconds (despite warm ambient temperature), weak peripheral pulses compared with central pulses and normal blood pressure.
- C. **Decompensated shock can present as:**
 - Hypotension and /or bradycardia (late findings), decreased mental status, decreased urine output, tachypnea, and non-detectable distal pulses with weak central pulses.
- D. **The evaluation of a patient in shock must include a search for its cause from one of the forms of shock:**
 1. Hypovolemic
 2. Hemorrhagic
 3. Cardiogenic
 4. Neurologic
 5. Insulin Shock
 6. Anaphylactic
 7. Sepsis
- E. **In addition to the fluid resuscitation and transport noted below, treat any underlying cause as directed by protocol.**

Protocol:

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 \geq 94%. Use the lowest concentration and flow rate of O2 as possible.

Airway adjuncts as needed.

Assess for trauma.

Maintain body temperature.

Perform blood sugar determination.

Transport.

ALS TREATMENT

AIRWAY ADJUNCTS as needed.

Cardiac Monitoring.

Intravenous (IV)/Intraosseous (IO) ACCESS with Saline Lock.

For any signs of shock, attach Normal Saline (NS) and administer fluid challenge of 20 ml/kg if systolic blood pressure less than minimum for age.

If signs of shock continue, repeat 20 ml/kg fluid bolus x 1.

Cross Reference: Pediatric Airway Management, PD# 8837