Pediatric Shock

Assessment: Consider multiple etiologies of shock (hypovolemic, distributive – neurogenic, septic and anaphylactic, and cardiogenic)

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. If anaphylaxis shock suspected follow **Pediatric Anaphylaxis/Allergic Reaction Protocol.**
3. Control major bleeding

SPECIALIST/PARAMEDIC

4. Establish vascular access using an age-appropriate large-bore catheter. If intravenous access cannot be obtained, proceed with intraosseous access. Do not delay transport to obtain vascular access.
5. If evidence of shock, administer a fluid bolus of normal saline
   A. At 20 ml/kg set to maximum flow rate. Reassess patient after bolus.
   B. If signs of shock persist, bolus may be repeated at the same dose up to a maximum total of 40 ml/kg.

Post-Medical Control

1. Additional IV fluid bolus.

PARAMEDIC

2. Consider Dopamine 5-20 mcg/kg/min. Start at 5 mcg/kg/min, and increase every 10 minutes by an additional 5 mcg/kg/min . DO NOT exceed 20 mcg/kg/min unless ordered by Medical Control.