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| **Systolic blood pressure low for age, and/or signs of poor perfusion** |
| **Pediatric BLS Standing Orders** |
| * **Universal Protocol** * Frequent O2, respiratory and ventilatory status reassessments per **Airway Policy** * Pulse oximetry, blood pressure continuous monitoring * Capnography * Blood glucose PRN * Control external bleeding, see **Hemorrhage Control Protocol** * If suspected SIRS, refer to **SIRS Policy** * Remove any vasodilator (ex: nitro) or pain (ex: fentanyl) medication patches. Administer naloxone per **Poisoning Policy.** |
| **Pediatric LALS Standing Orders** |
| * Establish IV * 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 * Capnography |
| **Pediatric ALS Standing Orders** |
| * Monitor EKG * Establish IV/IO * Capnography * 12 Lead ECG * 10-20 mL/kg NS IV/IO bolus; titrated to age-appropriate systolic BP MR x1   **Refractory Hypotension**   * Dopamine IV/IO 5-20 mcg/kg/min PRN **BH**   **Suspected Anaphylaxis**   * Push dose epinephrine per pediatric dosing chart **BH**   **Push-Dose Epinephrine Mixing Instructions**   * Remove 1 mL normal saline (NS) from the 10 mL NS syringe * Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe * The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration. |
| **Pediatric Base Hospital Orders** |
| * **BH – NS 0.9% 20 mL/kg IV/IO**, additional boluses * **BH - Dopamine IV/IO 5-20 mcg/kg/min PRN refractory hypotension** * **BH – Push dose epinephrine in suspected anaphylaxis** |
| **Notes** |
| * Push-dose epinephrine is the pressor of choice for adults in Imperial County. **Dopamine is the pressor of choice for pediatrics in Imperial County**. Two exceptions exist: * Adults with cardiac suspected etiology of hypotension, dopamine should be used, NOT push-dose epinephrine * **Pediatrics with anaphylaxis suspected etiology of hypotension, push-dose epinephrine should be used, NOT dopamine** |

APPROVED:

SIGNATURE ON FILE – 07/01/25

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EMS Medical Director