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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.
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| **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**
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| **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**
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APPROVED:

SIGNATURE ON FILE – 07/01/25

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