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
- 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

## 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:

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