

**Treatment Protocols****Date: 02/01/2021*****Shock - Pediatric*****Policy #9200P**

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**
- EtCO2 (if ALS present), pulse oximetry, blood pressure, and ECG continuous monitoring
- Blood glucose PRN
- Control external bleeding, see **Hemorrhage Control Protocol**
- Place supine with legs elevated if not contraindicated
- 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 Order Protocol**

- Establish IV
- NS 0.9% 10-20 ml/kg IV bolus. Additional fluids per BH orders

**Pediatric ALS Standing Orders**

- Establish IO
- EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring
- Complete 12 Lead ECG PRN
- NS 0.9% 20 ml/kg IV rapid infusion; may repeat x 1

**Pediatric Base Hospital Orders**

- **BHP – NS 0.9% 20 mL/kg IV/IO, additional boluses**
- **BHP - Dopamine IV/IO 5-20 mcg/kg/min PRN refractory hypotension**
- **BHP – Push dose epinephrine in suspected anaphylaxis**

APPROVED:

Signature on File

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