

**M060 MEDICAL SHOCK**

EMT	AEMT	EMT-I	Paramedic
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Hypotension for age and/or signs of poor perfusion?

- ABC's
- Complete set of vital signs
- Full Monitoring
- O2, via NRB @ 15 LPM
- IV/IO access

Consider etiology of shock state

Treat dysrhythmia per appropriate protocol

Administer IV/IO fluids 20 mL/kg up to 1 L; reassess and repeat if needed

For ongoing hypotension, poor perfusion or pulmonary edema, consider Vasopressor Infusion

If patient at risk for adrenal insufficiency, see Adrenal Insufficiency protocol

Hypotension for Age	
Age	Systolic Blood Pressure
<1 year	<70 mm Hg
1-10 years	<70 + (2 x age in years)
>10 years	<90 mmHg

  

Tachycardia for Age	
Age	Heart Rate
< 1 year	>160 bpm
1-2 years	>150 bpm
2-5 years	> 140 bpm
5-12 years	> 120 bpm
> 12 years	> 100 bpm

- Etiologies of Shock**
- Dysrhythmia, myocardial ischemia
  - Sepsis
  - Hemorrhage
  - Anaphylaxis
  - Overdose
  - Cyanide or carbon monoxide poisoning
  - Other: PE, MI, tension pneumothorax

**Pediatric Fluid Administration**

- For children <40 kg or not longer than length-based tape, hand pull/push fluid with a 60 mL syringe utilizing a 3 way stop cock
- The treatment of compensated shock requires aggressive fluid replacement of 20 mL/kg up to 3 boluses
- Goal of therapy is normalization of vital signs within the 1st hour
- Hypotension is a late sign in pediatric patients.

**Pediatric Shock**

<b>Signs of Compensated Shock</b>	<b>Signs of Decompensated Shock</b>
<ul style="list-style-type: none"> <li>• Normal mental status</li> <li>• Normal systolic BP</li> <li>• Tachycardia</li> <li>• &gt; 2 sec Cap Refill</li> <li>• Tachypnea</li> <li>• Cool and pale distal extremities</li> <li>• Weak peripheral pulses</li> </ul>	<ul style="list-style-type: none"> <li>* Decreased mental status</li> <li>* Weak central pulses</li> <li>* Poor color</li> <li>* Hypotension for age</li> </ul>