

NON-TRAUMATIC SHOCK (P40)

History may include: GI bleeding, vomiting, diarrhea, allergic reaction, and septicemia.

Physical signs: collapsed peripheral/neck veins, confusion, cyanosis, thready pulse
pale/cold/clammy/mottled skin, rapid respirations, anxiety.

NOTE: DECREASED BLOOD PRESSURE IS A LATE SIGN OF SHOCK.

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
OXYGEN: 100% by non-rebreather mask or blow-by.	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
FLUID BOLUS: NS 20 mL/kg as indicated. Reassess after each bolus.				X	
TEST FOR GLUCOSE		X	X	X	
ORAL GLUCOSE: consider if conscious with an intact gag reflex and if blood sugar < 70 mg/dL.		X	X	X	
D10: 2-4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose and repeat as indicated.				X	
CONSIDER					
PUSH DOSE EPINEPHRINE: - Draw up patient 0.01 mg/kg code dose 1:10,000 (0.1 mg/mL) epi - In same syringe, draw the necessary quantity of NS to total 10 mL - Label the syringe with "epi" and the calculated concentration in mcg/mL - Give 1 mL (1 mcg/kg) every 1 – 2 minutes and titrate to age appropriate SBP.				X	
EPINEPHRINE DRIP: To treat hypotension refractory to fluid. 0.1-1 mcg/kg/min mix 1 mg of Epi 1:1,000 (1 mg/mL) in 250mL. Titrate to age-appropriate BP. Monitor IV/IO site q 5 minute for extravasation. 2mcg/min drip = 30 gtt/min (mL/hr) 3mcg/min drip = 45 gtt/min (mL/hr) 4mcg/min drip = 60 gtt/min (mL/hr) 5mcg/min drip = 75 gtt/min (mL/hr) 6mcg/min drip = 90 gtt/min (mL/hr) 7mcg/min drip = 105 gtt/min (mL/hr) 8mcg/min drip = 120 gtt/min (mL/hr) 9mcg/min drip = 135 gtt/min (mL/hr) 10mcg/min drip = 150 gtt/min (mL/hr)				X	

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR
P = Paramedic

E = EMT O = EMT Local Optional SOP
D = Base Hospital Physician Order Required

Consider Causes:

- Cardiogenic, Distributive or Hypovolemic Shock - IV fluid boluses
- Hypoxia - hyperventilate
- Anaphylaxis - refer to ALLERGIC REACTION P42
- POISONING P50
- OVERDOSE P51

Pediatric Normal Vital Signs

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4

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