

8.11 PEDIATRIC SHOCK & HYPOTENSION

BLS Treatment	
<ul style="list-style-type: none"> • Position of comfort. • NPO • Assess circulation, airway, breathing, and responsiveness. • Oxygen as indicated. • Provide Spinal Motion Restriction as indicated or position of comfort as indicated. • Appropriately splint suspected fractures/instability as indicated. • Bandage wounds/control bleeding as indicated. 	
ALS Treatment	
<p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>	
<ul style="list-style-type: none"> • For hypotension, administer Normal Saline bolus, using Buretrol. • For shock unresponsive to fluids, administer epinephrine infusion • Check blood glucose. If blood glucose <60 mg/dl: administer Dextrose. • If no IV or IO access: administer Glucagon. 	
<p>Compensated Shock: Anxiety, agitation, restlessness Tachycardia Normotensive Capillary refill normal to delayed Symptoms of allergic reaction Pallor, mottling</p>	<p>Uncompensated Shock: Decreased level of consciousness Tachycardia to bradycardia Hypotensive Cyanosis Delayed capillary refill Inequality of central & distal pulses</p>
Base Hospital Contact Criteria	
<p>For shock unresponsive to initial ALS interventions, contact for IV Dopamine orders.</p>	

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