



POLICY: 555.41  
 TITLE: Pediatric Non-Traumatic Shock

EFFECTIVE: 4/25/19  
 REVIEW: 4/2024  
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

**PEDIATRIC NON-TRAUMATIC SHOCK**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: History may include: GI bleeding, vomiting, diarrhea, allergic reaction, and septicemia.

Physical signs may be due to circulatory insufficiency (collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse) or sympathetic compensation (pale, cold, clammy, mottled skin, rapid respirations, anxiety). Signs of compensation may be absent in children or if taking vasoactive medications. **NOTE:** a decreased blood pressure is a late sign of shock.

**STANDING ORDERS**

<b>ASSESS</b>	CAB
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Refer to General Procedures Protocol 554.00.
<b>OXYGEN</b>	Oxygen delivered as appropriate.
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>IV/IO ACCESS</b>	With micro drip tubing and volume control chamber. Give 20 ml/kg fluid boluses until Broselow tape BP target. Reassess after each bolus.
<b>CONSIDER CAUSE</b>	Cardiogenic - IV fluid boluses. Hypovolemia - IV fluid boluses. Hypoxia - oxygenate. Anaphylaxis - refer to Allergic Reaction Policy 555.42 Overdose - refer to Poisoning Policies 555.51-555.56 Tension pneumothorax - refer to Traumatic Shock Policy 555.82
<b>ACCUCHECK</b>	Test for glucose
<b>DEXTROSE</b>	If blood glucose less than 60mg/dl: D50W 1 ml/kg IV/IO for patient over 2 years of age or D25W 2 ml/kg IV/IO for patients under 2 years. May repeat once. Give oral glucose to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
<b>GLUCAGON</b>	0.05 mg/kg IM if blood glucose is less than 60mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
<b>PUSH DOSE EPINEPHRINE</b>	0.5-2.0mL of 10mcg/mL concentration EPINEPHRINE if low systolic BP. May repeat every 1-2 minutes to length based tape systolic BP target.