### History
- Blood loss
- Vomiting
- Diarrhea
- Fever
- Infection

### Signs and Symptoms
- Restlessness or confusion
- Weakness or dizziness
- Weak, rapid pulse
- Pale, cool, clammy skin signs
- Delayed capillary refill
- Hypotension
- Tarry stools

### Differential
- Shock (hypovolemic, cardiogenic, septic, neurogenic, or anaphylaxis)
- Trauma
- Infection
- Dehydration
- Congenital heart disease
- Medication or Toxin

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#### History, exam and circumstances often suggest (type of shock)

**WAS TRAUMA INVOLVED?**

- **Yes**
  - Spinal motion restriction, if indicated
  - CONTROL HEMORRHAGE and wound care, as indicated
  - Normal Saline bolus IV/IO
    - Use Pediatape and refer to dosing guide
    - Repeat to age dependent goal SBP Maximum 1L
  - Chest Decompression procedure if indicated

- **No**
  - Normal Saline bolus IV/IO
    - Use Pediatape and refer to dosing guide
    - Repeat to age dependent goal SBP Maximum 1L
  - Exit to appropriate TG

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#### IV/IO procedure
- Cardiac monitor
- Blood glucose analysis
- Consider 12-Lead ECG
- Airway TGs if indicated

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#### Cardiac/Arrhythmia TG if indicated
- Notify receiving facility.
- Contact Base Hospital for medical direction

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#### Diabetic TG if indicated
- Normal Saline
- Contact Base Hospital Physician for additional order

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**Effective Jan. 2019**
Pearls

- Hypotension is age dependent. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.

Hypotension is defined as:

- **Neonate**: < 60mmHg or weak pulses
- **Infant**: < 70mmHg or weak pulses
- **1-10 years**: < 70mmHg + (age in years x 2)
- **Over 10 years**: < 90mmHg

- **Systemic BP goals** are defined as:
  - **Neonate**: > 60mmHg
  - **Infant**: > 70mmHg
  - **1-10 years**: > 70mmHg + (age in years x 2)
  - **Over 10 years**: > 90mmHg

- Common pediatric terms used to describe children are defined as:
  - **Newly born**: ≤ 24 hours old
  - **Neonates**: ≤ 28 days old
  - **Infants**: ≤ 1 year old

- Normal blood pressure, delayed capillary refill, diminished peripheral pulses, and tachycardia indicates compensated shock in children.

- Hypotension and delayed capillary refill > 4 seconds indicates impending circulatory failure.

- Systolic blood pressure in children may not drop until the patient is 25-30% volume depleted. This may occur through dehydration, blood loss, or an increase in vascular capacity (e.g. anaphylaxis).

- Decompensated shock (hypotension with capillary refill > 5 seconds) may present as PEA in children.

- Sinus tachycardia is the most common cardiac rhythm in encountered in children.

- SVT should be suspected if the heart rate is greater than 180 in children ages (1-8) or greater than 220 in infants.

- Hypoglycemia may be found in pediatric shock, especially in infants.

- Pediatric shock victims are at risk for hypothermia due to their increased body surface area, exposure, and rapid administration of IV/IO fluids.