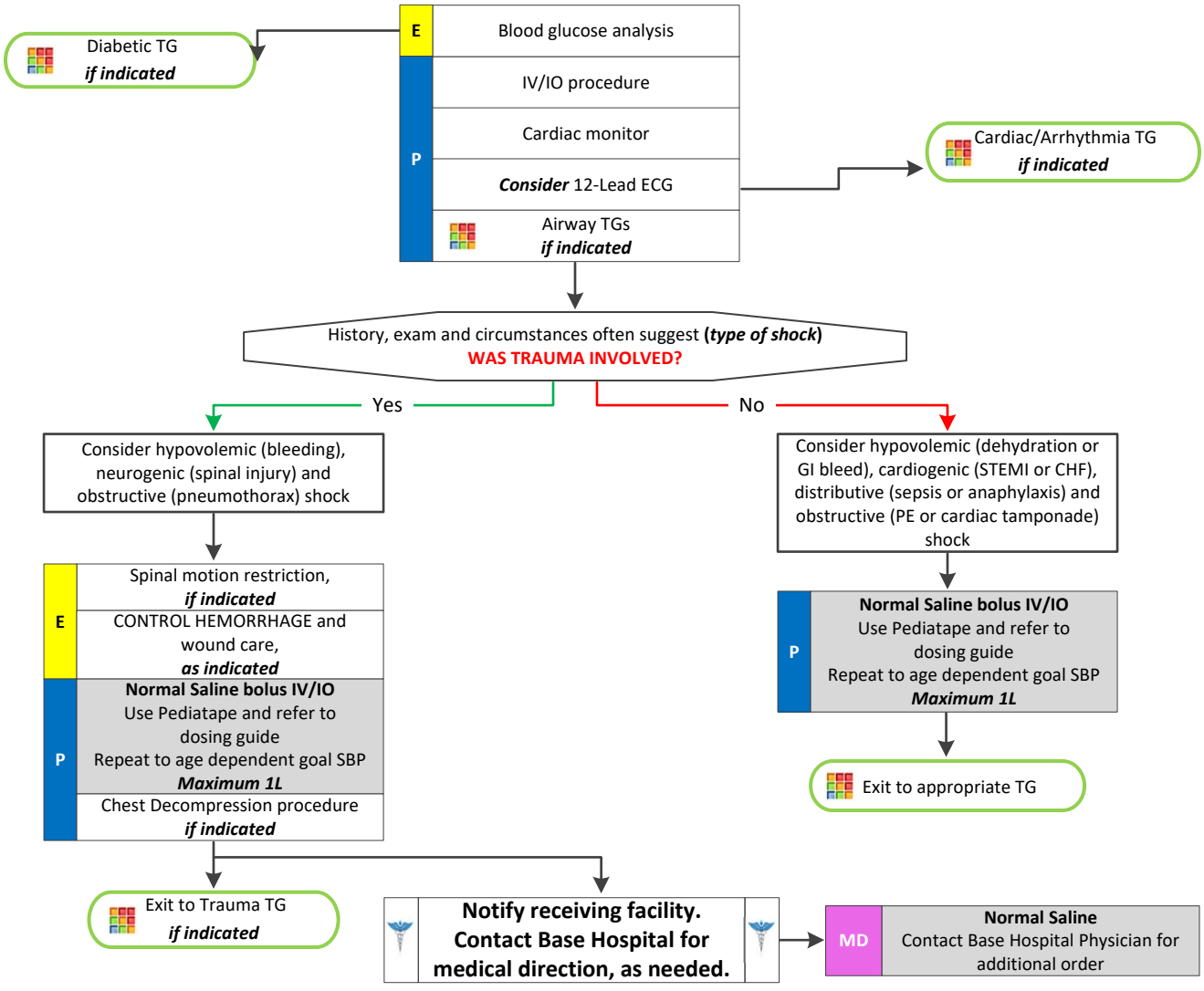
Pediatric Hypotension/Shock

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



Pediatric Treatment Guidelines

Pediatric Hypotension/Shock

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 x2)**
  - **Over 10 years: < 90mmHg**
- **Systemic BP goals are defined as:**
  - **Neonate: > 60mmHg**
  - **Infant: > 70mmHg**
  - **1-10 years: > 70mmHg + (age in years x2)**
  - **Over 10 years: > 90mmHg**
- Common pediatric terms used to describe children are defined as:
  - Newly born are ≤ 24 hours old
  - Neonates are ≤ 28 days old
  - Infants are ≤ 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 in 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.