

SECTION: PM-5

PROTOCOL TITLE: PEDIATRIC HYPOTENSION AND SHOCK

REVISED: October 15, 2014

GENERAL COMMENTS: Use of good clinical judgment is essential. This protocol includes shock and hypotension from a myriad of causes. When another protocol is more appropriate (i.e. Allergic Reaction) it should be followed instead. Fluid administration use should be used with caution in pediatric patients with severe congenital heart defects.

BLS SPECIFIC CARE: *See General Pediatric Care Protocol PM-1*

ILS SPECIFIC CARE: *See General Pediatric Care Protocol PM-1*

ALS SPECIFIC CARE: *See General Pediatric Care Protocol PM-1*

- **IV/IO fluid therapy**
 - 20 ml/kg fluid boluses over 10 minutes
 - If no signs of pulmonary edema
 - Repeat up to three times as needed to a maximum of 60 ml/kg

Pharmacologic therapy:

If patient unresponsive to fluid therapy or if fluids are not indicated

Vasopressors:

- Epinephrine infusion:
 - 0.1-1 mcg/kg/min.; see drug index for dosing
- Dopamine infusion:
 - 2-20 mcg/kg/min.; see drug index for dosing

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