

PEDIATRIC CARDIOGENIC SHOCK

| HPI | Signs & Symptoms | Differential Diagnosis |
|--|---|--|
| <ul style="list-style-type: none"> • Congenital heart disease • Cardiac surgery • Arrhythmia • Post cardiac arrest | <ul style="list-style-type: none"> • Restlessness, confusion • Weakness, dizziness • Weak, rapid pulse • Pale, cool, diaphoretic • > 2 sec. capillary refill • mottled, cyanotic | <ul style="list-style-type: none"> • Hypovolemic shock • Septic shock • Medication reaction • Arrhythmia |

| | EMR | EMT | PM |
|--|-----|-----|----|
| 1. Provide Pediatric Routine Medical Care - treat life threatening problems with airway, breathing circulation and disability. | • | • | • |
| 2. Obtain ECG, monitor Capnography. | | • | • |

UNSTABLE: Altered Mental Status, MAP < 65 or Capillary refill >2 sec.

| | | |
|--|---|---|
| 3. Verify and check often that lung sounds are clear | • | • |
| 4. NORMAL SALINE in 10 mL/kg, titrate to MAP ≥ 65 | | • |
| 5. NORMAL SALINE in 20 mL/hour, titrate to MAP ≥ 65 | | • |
| 6. If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC: to consider additional NORMAL SALINE and/or PUSH DOSE EPINEPHRINE: 1mcg/kg IVP/IO, max single dose 50mcg, repeat 5 min, max total 100mcg, target MAP 65 | | • |

Use calculator for dosing