

PEDIATRIC SHOCK

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

Hypovolemic	Cardiogenic	Distributive
Hemorrhagic, Dehydration	Congenital heart disease, cardiac surgery, arrhythmia, post-ROSC	Sepsis, Anaphylaxis, Neurogenic shock
<p>NORMAL SALINE 20 mL/kg</p> <p>NORMAL SALINE may repeat if remain unstable, max. 60mL/kg</p> <p>If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC: PUSH DOSE EPINEPHRINE: 1 mcg/kg IVP/IO, max. single dose 50 mcg, repeat 5 min., max. total 100mcg, titrate to MAP 65</p>	<p>NORMAL SALINE 10 mL/kg</p> <p>NORMAL SALINE 20 mL/hr</p> <p>If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC: Additional NORMAL SALINE and/or PUSH DOSE EPINEPHRINE: 1 mcg/kg IVP/IO, max. single dose 50 mcg, repeat 5 min., max. total 100mcg, titrate to MAP 65</p>	<p>NORMAL SALINE 20 mL/kg</p> <p>NORMAL SALINE may repeat if remain unstable, max. 60mL/kg</p> <p>If condition continues to deteriorate and MAP <65 despite NORMAL SALINE contact OLMC: PUSH DOSE EPINEPHRINE: 1 mcg/kg IVP/IO, max. single dose 50 mcg, repeat 5 min., max. total 100mcg, titrate to MAP 65</p>