

SECTION: PM-05

PROTOCOL TITLE: PEDIATRIC HYPOTENSION AND SHOCK

REVISED: November 1, 2017

GENERAL COMMENTS:

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.

The definition of hypotension is based on blood pressure. The definition of shock is based on clinical presentation of hypo-perfusion. Use of good clinical judgment is essential.

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

AEMT/O.M. Specific Care: See General Pediatric Care Protocol PM-1

IV/IO fluid therapy

- 20 ml/kg fluid boluses over 10 minutes
- Hold for signs of pulmonary edema
- Repeat up to three times as needed to a maximum of 60 ml/kg

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

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

Protocol
PM-05

PEDIATRIC HYPOTENSION AND SHOCK

PHYSICIAN PEARLS:
Basics of Pediatric Care:

Pediatric Hypotension: The definition of pediatric hypotension is based on multiple factors including age and size. For the purposes of this protocol, it is defined as:

$$70 + (\text{Age in years} \times 2) = \text{Systolic B/P or } 90 \text{ mm hg, whichever is lower.}$$

Fluid administration use should be used with caution in pediatric patients with severe congenital heart defects.