

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Pediatric Shock

Overview: Children have good compensatory mechanisms up to a point. When that point is reached they crash very quickly. This protocol is intended to provide the EMS Provider with guidelines to treat shock in a Pediatric patient as soon as possible.

INFORMATION NEEDED

__ History of onset of symptoms, duration, fluid loss (Nausea, vomiting, diarrhea), fever, infection, trauma, ingestion or history of allergic reaction, past history of cardiac disease or rhythm

OBJECTIVE FINDINGS

COMPENSATED

- Anxiety, agitation, restlessness
- Tachycardia, normotensive
- Capillary refill normal to delayed
- Symptoms of allergic reaction
- Pallor, mottling

DECOMPENSATED

- Decreased level of consciousness
- Tachycardia to Bradycardia
- Hypotensive
- Cyanosis
- Delayed capillary refill
- Inequality of central and distal pulses

TREATMENT

- __ Routine Medical Care
- __ ABC's, oxygenation, ventilation
- __ Keep mechanism of injury in mind for trauma and need for C-spine precautions
- __ Oxygen by high flow, mask, BVM as indicated
- __ Control external bleeding, shock position prn
- __ Call for ILS/ALS intercept

Documentation of adherence to protocol:

- __ Oxygen given
- __ Patient response to interventions
- __ Level of consciousness

Medical Control Contact Criteria

Contact Medical control to make them aware of patient condition

PRECAUTIONS AND COMMENTS

- Watch child closely for deterioration

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Pediatric Shock

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TREATMENT

- ___ Routine Medical Care
- ___ ABC's, oxygenation, ventilation
- ___ Keep mechanism of injury in mind for trauma and need for C-spine precautions
- ___ Oxygen by high flow, mask, BVM as indicated
- ___ Control external bleeding, shock position prn
- ___ Call for A/LS intercept
- ___ Cardiac Monitor, Dextrose stick, if below 60mg/dl, see AMS protocol

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

TREATMENT (cont)

Hypovolemia

- Fluid bolus 20cc/kg IV/IO reassess, repeat prn to 60cc/kg

Distributive

- Fluid bolus 20 cc/kg IV/IO reassess, repeat prn to 60 cc/kg
- If suspected anaphylaxis, see PEDIATRIC ALLERGIC REACTION Protocol
- Treat rhythm disturbances if symptomatic

Cardiogenic

- Go to appropriate DYSRHYTHMIA Protocol
- If tacharrhythmic or bradyarrhythmic: fluid bolus 10-20 cc/kg/IV/IO

Documentation of adherence to protocol:

- Oxygen given
- Airway status
- Respiratory status
- Circulation status
- IV/IO established
- Pertinent findings
- Patient response to intervention

Medical Control Contact Criteria

- Contact Medical control to make them aware of patient condition
- Requests for any additional measures of treatment for patient

PRECAUTIONS AND COMMENTS

- Watch child closely for deterioration
- If Dextrose stick less than 60mg/dl see PEDIATRIC: ALTERED MENTAL STATUS Protocol

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs