



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
SHOCK (PEDIATRIC)

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Symptomatic hypotension/shock is manifested by low blood pressure ( $\leq 80$  systolic), poor skin signs, delayed capillary refill, altered mental status, tachycardia, poorly palpable pulses.
3. Shock can be caused by diabetic ketoacidosis and should be treated with normal saline as noted in SO.
4. Transport of symptomatic hypotension/shock victims should be rapid with treatment enroute when possible.
5. There are multiple causes for shock, most common in the field is hypovolemia but consider anaphylaxis and respiratory failure.

**ALS STANDING ORDER**

1. Cardiac monitor and document rhythm: treat bradycardia using appropriate cardiac SO.
  2. Pulse oximetry, if room air oxygen saturation less than 95%, provide:
    - ▶ *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
  3. IV access, if unresponsive consider IO if peripheral IV cannot be established:
    - ▶ *20 mL/kg Normal Saline bolus.*
    - ▶ *If no response to first bolus of Normal Saline, repeat 20 mL/kg Normal Saline bolus and contact Base Hospital for further orders.*
  4. Obtain blood glucose and document finding, if blood glucose less than 80, administer one of:
    - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
    - ▶ *10% Dextrose 5 mL/kg IV (maximum dose 200 mL).*
    - ▶ *Glucagon 0.5 mg IM if unable to establish IV.*
- Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose  $< 80$ , unable to establish IV and there is no response to IM glucagon.
5. ALS escort to appropriate ERC.

Approved: