

Effective Date : November 18, 2018

Last Review: New Policy

Next Review: November 2020

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

History may include: GI bleeding, vomiting, diarrhea, allergic reaction, sepsis, antihypertensive medication overdose. Physical signs may include: collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse, pale/cold/clammy/mottled skin, rapid respirations, and anxiety.

REMEMBER A DECREASED BLOOD PRESSURE IS A LATE SIGN OF SHOCK.

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, assist ventilations as necessary

VITALS: assess vitals; refer to length based assessment tape.

BLOOD SUGAR CHECK: test blood sugar treat as appropriate.

CHECK TEMPERATURE: assess temperature

ALS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, secure airway & assist ventilations as necessary.

MONITOR: treat rhythm as appropriate

BLOOD SUGAR CHECK: test blood sugar treat as appropriate.

CHECK TEMPERATURE: assess temperature

CAPNOGRAPHY: utilize waveform capnography; ETCO2 readings of 25mmHg or less are suggestive of poor organ perfusion

IV/IO ACCESS: If patient is hypotensive, according to length based assessment tape; establish 2 large bore IV/IO's and administer **20ml/kg** bolus. Reassess patient after bolus. Repeat as necessary at **10ml/kg** bolus up to **MAX OF 40ml/kg** has been given.

PUSH DOSE EPINEPHRINE - 10mcg (1ml) slow IV push every 1-5 minutes for hypotension & patient not responding to previous treatment.

PUSH DOSE EPINEPHRINE SOLUTION MIXING INSTRUCTIONS

- Take Epinephrine 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of Epinephrine
- In same syringe draw 9 ml of saline from the patients IV bag & shake well
- Mixture now provides 10 ml of Epinephrine at 10mcg/ml (0.01 mg/ml) concentration
- Label syringe Epi 10mcg/ml

CONSIDERATIONS:

Try to identify and treat reversible causes, medication overdose, hypoxia, sepsis, hypovolemia/dehydration, anaphylaxis, spontaneous pneumothorax, thrombosis, etc.

Refer to length based assessment tape for drug doses and proper equipment sizes.



POLICY PEDIATRIC M12 NON TRAUMATIC SHOCK

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