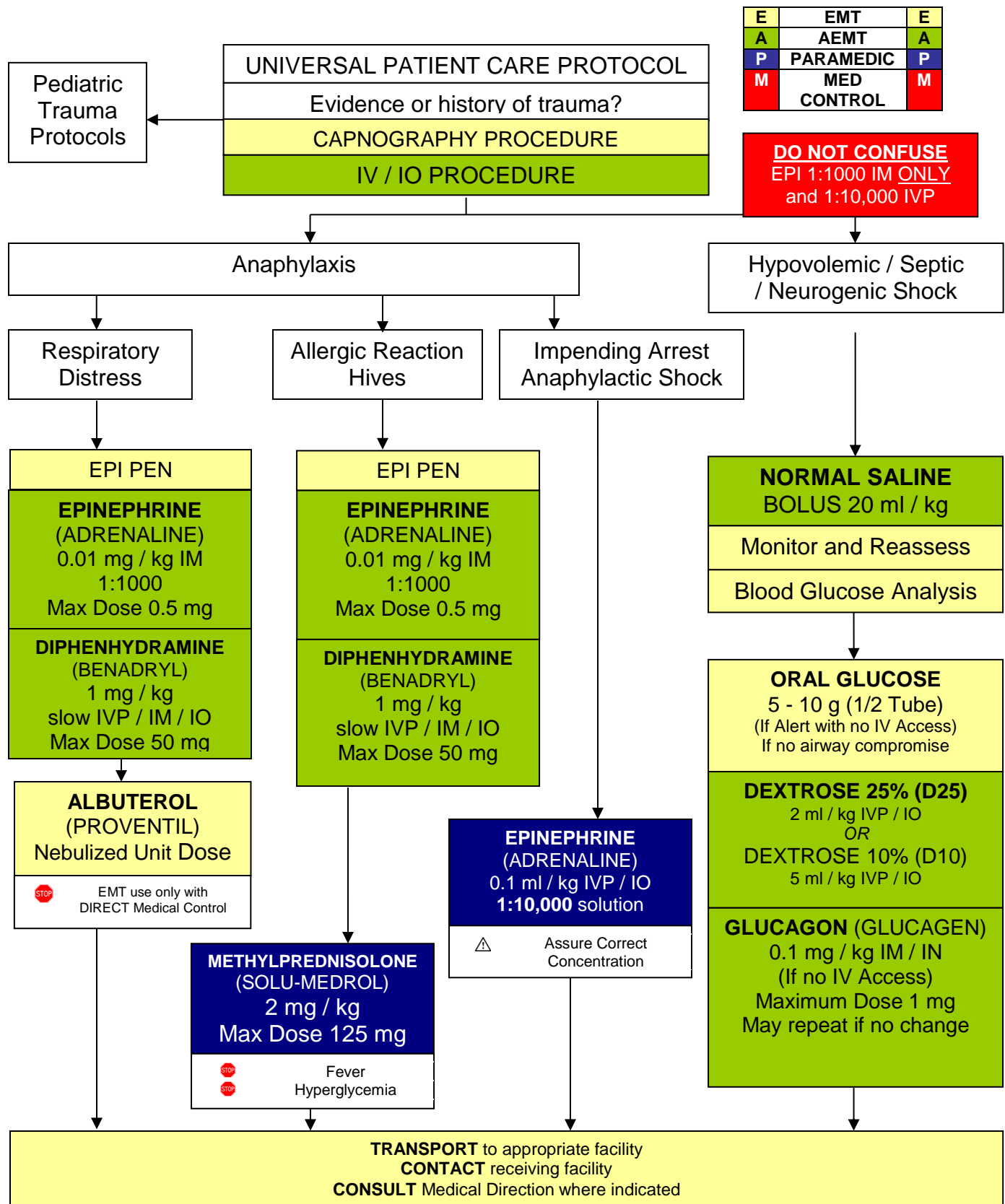




# Section 8: Pediatric Circulation/Shock Protocols

## PEDS CIRCULATION/SHOCK: SHOCK PROTOCOL





## Section 8: Pediatric Circulation/Shock Protocols

### PEDS CIRCULATION/SHOCK: SHOCK PROTOCOL-Cont.

#### PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Blood loss</li> <li>Fluid loss</li> <li>Vomiting</li> <li>Diarrhea</li> <li>Fever</li> <li>Infection</li> </ul>	<ul style="list-style-type: none"> <li>Restlessness, confusion, weakness</li> <li>Dizziness</li> <li>Increased HR, rapid pulse</li> <li>Decreased BP</li> <li>Pale, cool, clammy skin</li> <li>Delayed capillary refill</li> </ul>	<ul style="list-style-type: none"> <li>Trauma</li> <li>Infection</li> <li>Dehydration</li> <li>Vomiting</li> <li>Diarrhea</li> <li>Fever</li> <li>Congenital heart disease</li> <li>Medication or toxin</li> </ul>

#### ALLERGIC REACTION / ANAPHYLAXIS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> <li>Onset and location</li> <li>Insect sting or bite</li> <li>Food allergy / exposure</li> <li>Medication allergy / exposure</li> <li>New clothing, soap, detergent</li> <li>Past history of reactions</li> <li>Past medical history</li> <li>Medication history</li> </ul>	<ul style="list-style-type: none"> <li>Warm burning feeling</li> <li>Itching</li> <li>Rhinorrhea</li> <li>Hoarseness</li> <li>Stridor</li> <li>Wheezing</li> <li>Respiratory distress</li> <li>Altered LOC / coma</li> <li>Cyanosis</li> <li>Pulmonary edema</li> <li>Facial / airway edema</li> <li>Urticaria / hives</li> <li>Dyspnea</li> </ul>	<ul style="list-style-type: none"> <li>Urticaria (rash only)</li> <li>Anaphylaxis (systemic effect)</li> <li>Shock (vascular effect)</li> <li>Angioedema (drug induced)</li> <li>Aspiration / airway obstruction</li> <li>Vasovagal event</li> <li>Asthma</li> </ul>

**Do Not Confuse Epinephrine 1:1000 IM dose and 1:10,000 IVP Dose**

- Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
- Consider all possible causes of shock and treat per appropriate protocol.
- Decreasing heart rate is a sign of impending collapse.
- Most maternal medications pass through breast milk to the infant. Examples: Narcotics, Benzodiazepines.
- Be sure to use the appropriate sized BP cuff.
- Findings in the primary assessment should alert you that the patient is in shock. Pay particular attention to the patient's mental status, tachycardia, skin color, and capillary refill.
- Shock is not only caused by blood loss. The EMT must evaluate for fluid loss from other causes such as excessive vomiting and / or diarrhea, heat exposure and malnutrition.
- Do not use only the patient's blood pressure in evaluating shock; also look for lower body temperature, poor capillary refill, decreased LOC, increased heart rate and / or poor skin color
- Routinely reassess the patient and provide supportive care.
- Use caution when using Epinephrine (Adrenaline) for patients with a cardiac history.
- Use caution when using Epinephrine (Adrenaline) for patients with a heart rate greater than 120 bpm.
- Patient with known asthma should receive IV Methylpredisolone (Solu-Medrol).