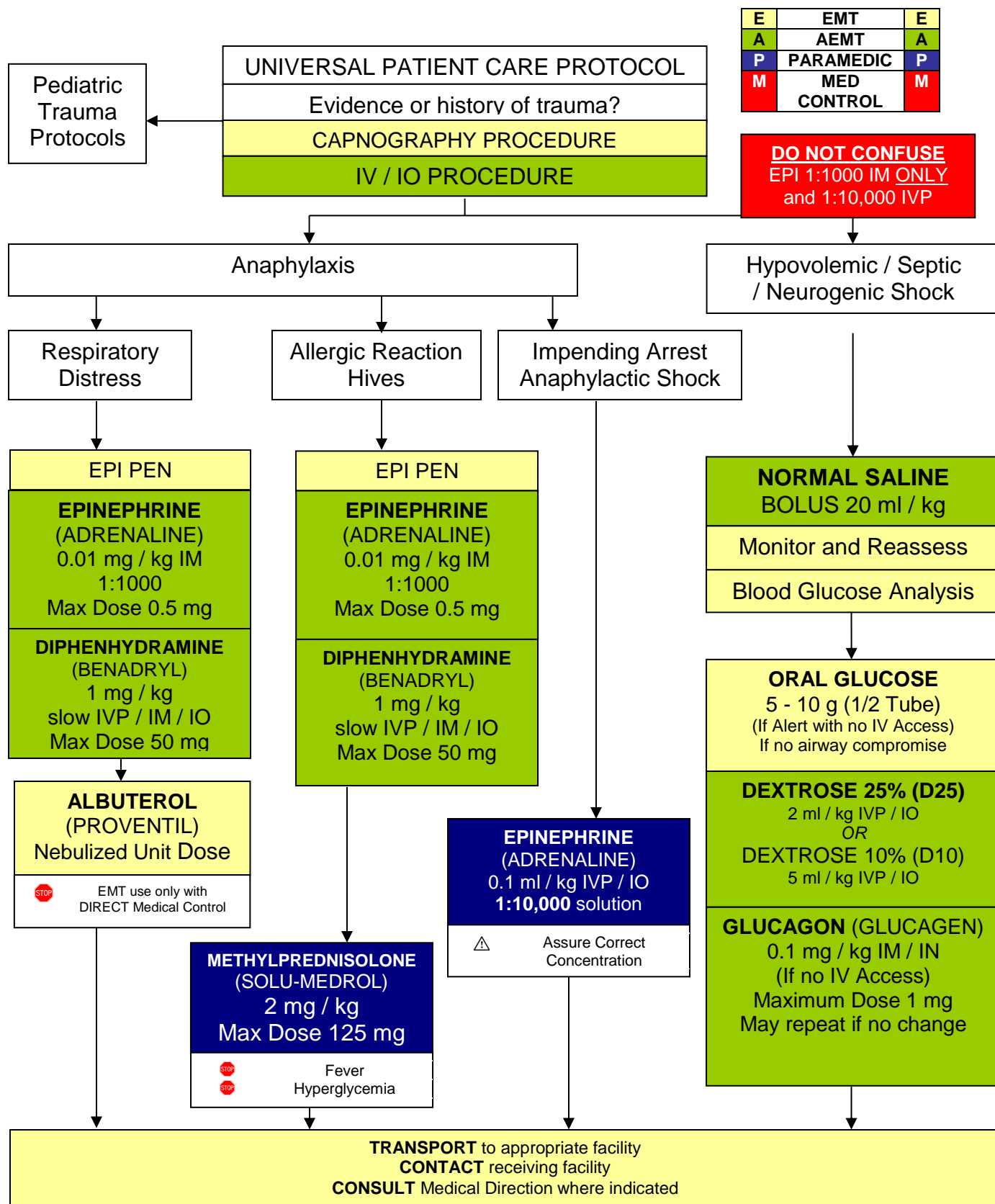




Section 8: Pediatric Circulation/Shock Protocols

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

ALLERGIC REACTION / ANAPHYLAXIS

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

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).