



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: July 8, 2021

### SHOCK

<b>Adult</b>	<b>Pediatric</b>
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#### Compensated Shock

- Tachycardia
- Cool Extremities
- Capillary refill time > 2 seconds
- Weak peripheral pulses compared to central pulses
- **Normal BP**

#### Decompensated Shock

- Hypotension and/or bradycardia (late finding in pediatric patients)
- Decreased mental status
- Decreased urine output
- Tachypnea
- Non-detectable distal pulses with weak central pulses
- Pale/cool/diaphoretic skin signs

#### BLS

Assess vital signs  
 O<sub>2</sub>, titrate SpO<sub>2</sub> to ≥ 94%  
 Temperature

#### ALS

Cardiac Monitor, 12-Lead ECG, Waveform EtCO<sub>2</sub>, Vascular Access

<p style="text-align: center;"><u>SBP &lt; 90</u></p> <p><b>Fluid Bolus NS 250 mL IV/IO</b></p> <ul style="list-style-type: none"> <li>• May repeat as needed</li> </ul> <p style="text-align: center;"><u>SBP &lt; 90 and Pulse &lt; 60</u></p> <p><u>If patient continues to have signs and symptoms of shock after fluid dose; consider</u></p> <p><b>Epinephrine 0.5 mL (5 mcg) SIVP</b></p> <ul style="list-style-type: none"> <li>• Eject 1 mL from a 10 mL pre-load syringe</li> <li>• Draw up <b>1 mL epinephrine 1:10:000</b> concentration and gently mix</li> <li>• Administer 0.5 mL every 3 minutes</li> <li>• Titrate to SBP &gt;90</li> </ul> <p>Establish second large bore IV, if possible</p>	<p><b>Fluid Bolus NS 20 mL/kg IV/IO</b></p> <ul style="list-style-type: none"> <li>• Titrate to age appropriate SBP</li> </ul>
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#### Consider

Shock in children may be subtle and difficult to recognize; tachycardia may be the only sign

#### Direction

- Contact Receiving ED Physician for additional treatment