


Section: Pediatric Trauma  
Subject: PEDI SHOCK – NEUROGENIC  
Section #: 344.12  
Issue Date: March 21, 2011  
Revision Date: December 1, 2017  
Approved By: 

Page 1 of 1

Michael Lozano, Jr., M.D., HCFR Medical Director

1. Basic ALS treatment
2. Evaluate for Pediatric Trauma Alert criteria
3. Refer to **HCFR SPINAL MOTION RESTRICTION** protocol and apply as indicated, note, all patients <18 years of age will receive FULL SMR when indicated, C-collar only is not indicated for pediatric patients.
4. Fluid administration:
  - a. **Normal saline** 20 mL/kg IV bolus to maintain peripheral pulses.
  - b. When peripheral pulses return, the flow rate is changed to KVO with close monitoring of vital signs.
5. Rapid transport
6. **Dopamine:**
  - a. If the presumptive diagnosis is neurogenic shock, and hypotension persists after a total of 20 mL/kg of fluids (one bolus) have been administered, begin **dopamine** infusion:
    - i. Start at 5.0 mcg/kg/min IV/IO
    - ii. Increase by 5.0 mcg/kg/min q 5 minutes PRN titrated to effect
    - iii. Maximum dose of 20 mcg/kg/min
7. QA Point:
  - a. Neurogenic shock is shock a distributive type of shock resulting in hypotension, occasionally with bradycardia, that is attributed to the disruption of the autonomic pathways within the spinal cord. Hypotension occurs due to decreased systemic vascular resistance resulting in pooling of blood within the extremities lacking sympathetic tone. Bradycardia results from unopposed vagal activity and has been found to be exacerbated by hypoxia.