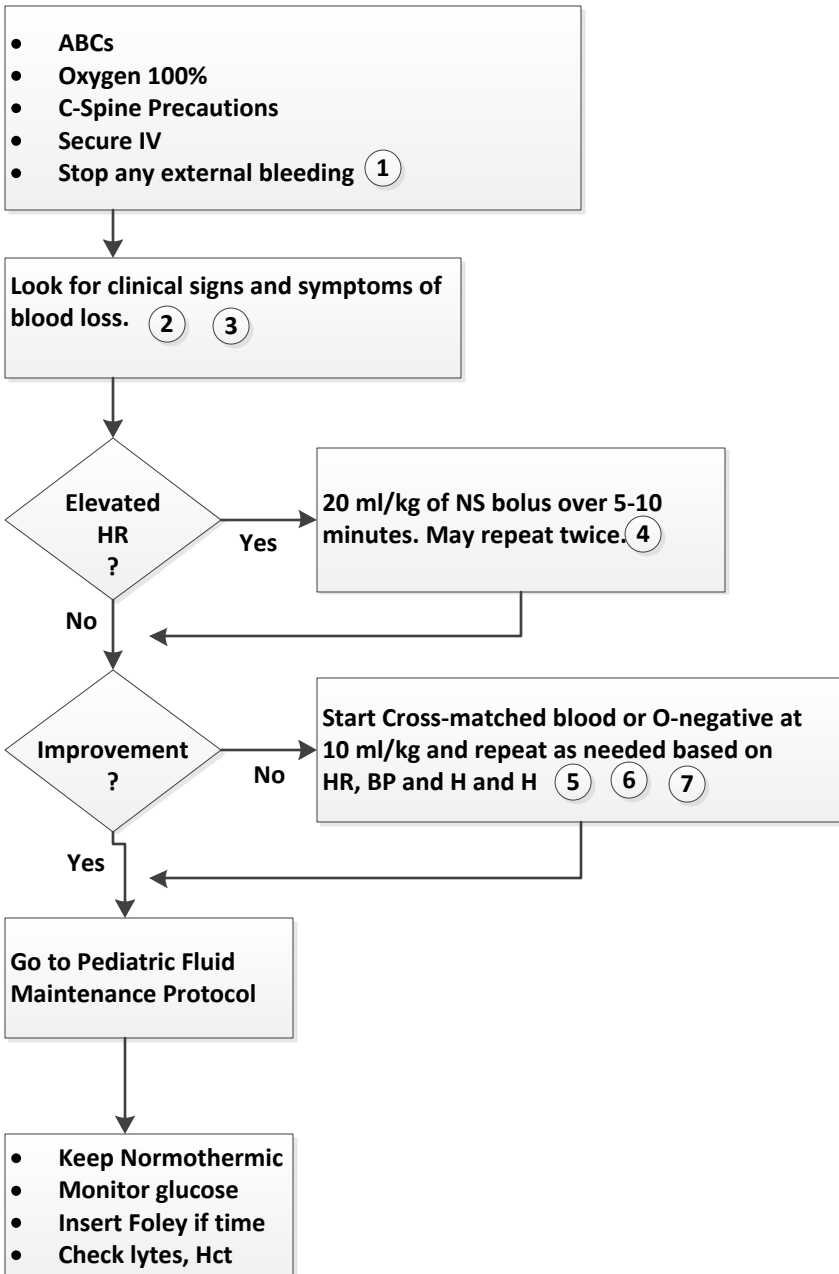


Pediatric Blood Loss: Shock Protocol



Assessment of Perfusion

- * LOC
- * Cap refill < 2 seconds
- * Urinary output > 1 ml/kg/hr
- * Heartrate
- * Color
- * Pulses (inward to outward)
- * Target SBP = 70 + 2 x the age

Check for:

- * Hepatomegaly
- * Adventitious Breath Sounds
- * Reassess for adequate perfusion prior to each fluid bolus

1. Use laceration stapler as needed.
2. BP is late finding in the Pediatric patients. Look for other signs of inadequate perfusion. Ensure tachycardia not related to inadequate sedation if intubated.
3. Intracranial bleeding in the young infants (< 1 year) can cause hemorrhagic shock.
4. Give only the amount of crystalloids needed to show improvement to Heart rate and perfusion.
5. If more than 4 units of blood have been given, consider giving Calicum. Check levels. If available give FFP and Platelets.
6. If Ca Gluconate to be given – dose is 100 mg/kg IV over 10 – 15 minutes. (Maximum dose is 2 grams).
7. If more than 2 units of blood are given, alert the receiving facility so they can initiate their Massive Transfusion Protocol.