

Pediatric Hypotension

For age dependent hypotension in children with transient low BP or rapidly responds to fluid resuscitation and without signs of shock

History

- Volume loss (vomiting, diarrhea or blood)
- Infection (e.g., UTI, pneumonia, etc.)
- Poor oral intake
- Allergic reaction
- Access to medications (e.g., diuretics, beta blockers)
- History of congenital heart defects

Signs and Symptoms

- Pale, cool skin
- Mottling
- Tachycardia
- Weak, rapid pulse
- Delayed capillary refill
- Wounds/bruising/active bleeding
- Shortness of breath

Differential

- Shock (neurogenic vs. hemorrhagic vs. obstructive (tension pneumothorax))
- Sepsis
- Medication
- Hypovolemia
- Anaphylaxis
- Vasovagal event

E	Blood glucose analysis
P	Cardiac monitor
	Consider, IV
	Consider, 12-Lead ECG

 Hypoglycemia

 Hyperglycemia

Blood pressure
normal?

Yes

 Notify receiving facility.
Consider Base Hospital
for medical direction 

No

Consider hypovolemic (dehydration or GI bleed), cardiogenic, distributive (sepsis or anaphylaxis), and obstructive (PE, cardiac tamponade or tension pneumothorax) shock

 Overdose/
Poisoning/Ingestion

 Shock

 Traumatic Injury

 Needle Decompression
Field Procedure
Pearls

- Pediatric systolic hypotension is defined as:
 - Neonate: < 60mmHg or weak pulses
 - Infant: < 70mmHg or weak pulses
 - 1-10 years: < 70mmHg + (age in years x2)
 - Over 10 years: < 90mmHg



SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES

Treatment Protocol P18

Page 1 of 1
Effective April 2025