



SHOCK (SYMPTOMATIC HYPOTENSION) – PEDIATRIC

ALS STANDING ORDERS:

1. Cardiac monitor and document rhythm: treat bradycardia using appropriate cardiac SO.
2. Pulse oximetry, if room air oxygen saturation less than 95%, provide:
 - ▶ *High-flow Oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated.*
3. IV access, if unresponsive consider IO if peripheral IV cannot be established:
 - ▶ *Administer normal saline 20 mL/kg (maximum 250 mL) IV/IO bolus and make BH contact (CCERC preferred).*
 - ▶ *May repeat twice for total of 3 boluses as a standing order.*
4. Obtain blood glucose and document finding, if blood glucose equal to or less than 60, administer one of:
 - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
 - ▶ *10% Dextrose 5 mL/kg IV (maximum dose 250 mL).*
 - ▶ *Glucagon 0.5 mg IM if unable to establish IV.*

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.
5. If no improvement in blood pressure after first fluid bolus, continue with fluid resuscitation and request base hospital order for push does epinephrine per PR-205.
6. ALS escort to appropriate ERC.

Approved:

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