



Yolo County Emergency Medical Services Agency

Protocols

Revised Date: July 8, 2021

SHOCK	
Adult	Pediatric
Compensated Shock	
<ul style="list-style-type: none">• Tachycardia• Cool Extremities• Capillary refill time > 2 seconds• Weak peripheral pulses compared to central pulses• Normal BP	
Decompensated Shock	
<ul style="list-style-type: none">• 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 ₂ , titrate SpO ₂ to ≥ 94% Temperature	
ALS	
Cardiac Monitor, 12-Lead ECG, Waveform EtCO ₂ , Vascular Access	
<u>SBP < 90</u> Fluid Bolus NS 250 mL IV/IO <ul style="list-style-type: none">• May repeat as needed <u>SBP < 90 and Pulse < 60</u> <u>If patient continues to have signs and symptoms of shock after fluid dose; consider</u> Epinephrine 0.5 mL (5 mcg) SIVP <ul style="list-style-type: none">• Eject 1 mL from a 10 mL pre-load syringe• Draw up 1 mL epinephrine 1:10:000 concentration and gently mix• Administer 0.5 mL every 3 minutes• Titrate to SBP >90 Establish second large bore IV, if possible	Fluid Bolus NS 20 mL/kg IV/IO <ul style="list-style-type: none">• Titrate to age appropriate SBP
Consider	
Shock in children may be subtle and difficult to recognize; tachycardia may be the only sign	
Direction	
<ul style="list-style-type: none">• Contact Receiving ED Physician for additional treatment	