



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
PEDIATRIC**

BH-P-080
Page: 1 of 1
Org. Date: 4/01/2013
Revise Date: 8/06/2024

SHOCK (POOR PERFUSION)

BASE GUIDELINES

- Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
- Symptomatic hypotension/shock is manifested by low blood pressure (≤ 80 systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
- Shock can be caused by diabetic ketoacidosis, if ketoacidosis suspected consider normal saline bolus of 20 mL/kg.
- There are multiple causes for shock, most common in the field is hypovolemia but consider anaphylaxis and respiratory failure with hypoxia.
- Children with occult trauma can develop shock from internal hemorrhage, assure field personnel have assessed scene and situation for possible injury and if suspected direct transport to a Trauma Center.
- Pediatric GCS (Procedure B-02):

Variable	Description	Score
Eye Opening	Eyes opening spontaneously	4
	Eyes opening to sound	3
	Eyes opening in response to painful stimulus	2
	No eye opening	1
Verbal Response	Smiles, oriented to sounds, follows objects, interacts, coos	5
	Irritable cries and inappropriate interactions	4
	Cries in response to pain	3
	Inconsolable and moans in response to pain	2
	No verbal response	1
Motor Response	Infant moves spontaneously or purposefully	6
	Infant withdraws from touch	5
	Infant withdraws from pain	4
	Abnormal flexion to pain for an infant (decorticate response)	3
	Extension to pain (decerebrate response)	2
	No motor response	1
Maximum Score		15

ALS STANDING ORDER

- Cardiac monitor and document rhythm: treat bradycardia using appropriate cardiac SO.
- Pulse oximetry, if room air oxygen saturation less than 95%, provide:
 - ▶ *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
- 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.*
- 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 glucagon.
- ALS escort to appropriate ERC.

Approved:

Carl Schultz, MD.

Reviewed: 4/2013; 9/2017; 8/2024
Final Date for Implementation: Aug. 7, 2024
OCEMS copyright © 2024