

PEDIATRIC SHOCK*



1. Establish and secure patient's airway. Orotracheal intubation may be appropriate and necessary.
2. Administer **O₂** at 8-15 LPM by mask or ET tube. Assist ventilation, as needed, Monitor pulse oximetry, if possible.
3. Apply cardiac monitor.
4. Transport patient ASAP.
5. Establish IV/IO access.
6. Administer NS fluid challenge at 20 ml/kg as rapidly as possible. Repeat once to achieve minimum BP for age and clinical improvement (capillary refill < 2 seconds, stronger pulses, warmer extremities, improving LOC). If signs of shock persist contact receiving physician to consider additional fluid administration.

*Shock is defined by a combination of the following: altered LOC, capillary refill > 2 seconds, rapid pulse, diminished distal pulses, cool extremities, and hypotension.