**Indications**

- Inadequate organ and tissue perfusion to meet metabolic demands as seen in the following signs and symptoms: pale, cool, clammy and/or mottled skin, ALOC, SBP <70mmHg

---

**CRITICAL INFORMATION**

- Shock in children may be subtle and hard to recognize
- BP may be difficult to obtain and readings may be inaccurate
- Initiate early transport and treat enroute, if appropriate
- Neonates 0-28 days of age with shock should be transported to MarinHealth Medical Center

---

**ALS RMC**

**IV/IO x2**

**Cardiogenic Shock**

- **PHYSICIAN CONSULT** for treatment orders

  - **If HR <60**
    - Go to Pediatric Bradycardia, PC 3

  - **If HR >220 (infant), >180 (child)**
    - Go to Pediatric Tachycardia Poor Perfusion, PC 4

**Hypovolemic, Septic, or Spinal Shock**

- Control hemorrhage, if appropriate

  - **NS fluid bolus**
    - 3-5kg: 10ml/kg IV/IO
    - ≥6kg: 20ml/kg IV/IO
    - Reassess frequently
    - Repeat as needed

  - Check blood glucose and treat if <60mg/dl (<40 mg/dl for neonate)
    - 3-7kg: D10W 2ml/kg IV/IO over 10 min
    - ≥8kg: D10W 5ml/kg IV/IO over 10 min
    - Max dose: 125ml

**If unable to establish vascular access**

- **Glucagon** 0.03 mg/kg IM
  - MR x2 q15 min
  - Max dose: 1mg

**If symptoms of anaphylaxis**

- Go to Allergic Reaction Policy, PM 2

---

April 2022  County of Marin EMS  PM 1