



**NON-TRAUMATIC SHOCK**

**ADULT** **PEDIATRIC**

**BLS Procedures**

**Secure Airway.**  
**Assess Vitals.**  
**Oxygen, Titrate SPO2 to 94% or higher.**  
**Provide calming measure.**

**ALS Standing Orders**

**Follow BLS procedures if applicable.**  
**Obtain EtCO2.**  
**Obtain ECG & 12-lead.**  
**IV/IO Access.**

**Compensated Shock**

<p><b>Tachycardia, Cool Extremities, Capillary refill greater than 2 seconds, weak peripheral pulses. Normal BP.</b></p>	<p><b>Tachycardia, Cool Extremities, Capillary refill greater than 2 seconds, weak peripheral pulses.</b></p> <p style="text-align: center;">0-9 yrs. old - Systolic blood pressure 70 + (2 x age in yrs.)          10 or older - Systolic blood pressure 90+</p>
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<p>If HR exceeds 120:</p> <p><b>Consider NS/LR 500 mL IV/IO</b></p> <ul style="list-style-type: none"> <li>• May repeat to a max of 1500 mL</li> <li>• If signs of fluid overload, stop NS/LR infusion.</li> </ul>	<p>If HR is at least 20 bpm above age adjusted cutoff:</p> <p><b>Consider NS/LR 20 mL/kg IV/IO</b></p> <ul style="list-style-type: none"> <li>• Max of 500 mL</li> </ul>
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Normal Vital Signs				
Age	SBP	MAP	HR	RR
NB	60-100	>30	100-160	30-60
4MO	70-100	>30	105-160	30-60
6MO	70-100	>30	110-160	24-38
1	72-105	>30	90-150	22-30
2	74-110	>35	58-140	22-30
3	76-115	>39	85-140	22-30
4	78-115	>42	75-120	22-26
5	80-115	>45	70-115	20-24
6	82-120	>47	70-115	20-24
7	84-120	>50	70-110	16-22
8	86-120	>50	70-110	16-22
9	88-120	>50	65-105	16-22
10+	90-120	>50	60-100	16-22

**Decompensated Shock**

Hypotension and/or bradycardia (late sign in Pediatric), Decreased mental status, decreased urine output, tachypnea, absent distal pulses with weak central pulses, pale/cool/diaphoretic skin signs.

<p><b>Push Dose Epinephrine 20 mcg IV/IO</b></p> <ul style="list-style-type: none"> <li>• May repeat every 3 minutes</li> <li>• Aim for sustained systolic blood pressure of at least 90 mmHg.</li> </ul> <p><b>NS/LR 500 mL IV/IO</b></p> <ul style="list-style-type: none"> <li>• If systolic blood pressure is less than 90mmHg, or MAP below 65</li> <li>• Consider pressure bag for IV infusion</li> <li>• If signs of fluid overload, stop NS/LR infusion.</li> </ul>	<p><b>NS/LR 20 mL/kg IV/IO</b></p> <ul style="list-style-type: none"> <li>• May repeat as necessary to achieve target blood pressure.</li> </ul> <p style="text-align: center;"><u>Administer fluid bolus prior to Push Dose Epinephrine</u></p> <p><b>Push Dose Epinephrine 10 mcg IV/IO</b></p> <ul style="list-style-type: none"> <li>• May repeat every 3 minutes as needed.</li> </ul>
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**Special Considerations**

- Shock in children may be subtle and difficult to recognize; tachycardia may be the only sign.
- Watch for signs of fluid overload such as rales (crackles), lower extremity edema.

**Base Hospital Orders Only**

Contact Base Hospital for treatment that exceeds written protocol.