

**Michigan**  
**Pediatric Treatment Protocols**  
**SHOCK**

Date: July 31, 2009

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## ***Shock***

Assessment: Consider multiple etiologies of shock (hypovolemic, distributive – neurogenic, septic and anaphylactic, and cardiogenic)

### **Pre-Medical Control**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pediatric Assessment and Treatment Protocol**.
2. If anaphylaxis shock suspected follow **Pediatric Anaphylaxis/Allergic Reaction Protocol**.

#### **SPECIALIST/PARAMEDIC**

3. Control major bleeding
4. Establish vascular access using an age-appropriate large-bore catheter. If intravenous access cannot be obtained, proceed with intraosseous access. Do not delay transport to obtain vascular access.
5. If evidence of shock, administer a fluid bolus of normal saline
  - a. At 20 ml/kg set to maximum flow rate. Reassess patient after bolus.
  - b. If signs of shock persist, bolus may be repeated at the same dose up to a maximum total of 40 ml/kg.

### **Post-Medical Control**

1. Additional IV fluid bolus.
2. Consider Dopamine 5-20 mcg/kg/min. Start at 5 mcg/kg/min, and increase every 10 minutes by an additional 5 mcg/kg/min . DO NOT exceed 20 mcg/kg/min unless ordered by Medical Control.

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