

PEDIATRIC HYPOPERFUSION / SHOCK

Shock, or hypoperfusion, is decreased effective circulation causing inadequate delivery of oxygen to tissues. Signs of early (compensated) shock include tachycardia, poor skin color, cool/dry skin, and delayed capillary refill. Systolic blood pressure is normal in early shock. In late (decompensated) shock, perfusion is profoundly affected. Signs include low blood pressure, tachypnea, cool/clammy skin, agitation, and altered mental status.

Shock may be the result of several mechanisms including internal/external bleeding, fluid loss from burns, vomiting, diarrhea, severe infection, and other non-traumatic causes.

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Manage airway and oxygenation per **Airway Management Protocol 6901**.
- C. Control external bleeding.
- D. Prevent heat loss.
- E. Consider ALS backup without delaying transport and meet en route.
- F. Immobilize trauma patients as indicated per **Spinal Trauma Protocol 6103**.
- G. If anaphylaxis or allergic reaction, refer to **Allergic Reaction/Anaphylaxis Protocol 6501**.
- H. Transport and continue treatment en route.
- I. Contact **Medical Command**.

