NON-TRAUMATIC SHOCK - PEDIATRIC - ALS

PRMC

Secure airway as appropriate
Supine or shock position

Determine etiology of shock

OBSTRUCTIVE SHOCK
(Tension Pneumothorax)

DISTRIBUTIVE SHOCK
(Suspected sepsis/
anaphylaxis)

CAR迪GENIC SHOCK
(History congenital heart disease/cardiac
surgery/heart rhythm disturbance/post-cardiac arrest)

HYPOVOLEMIC SHOCK
(Suspected dehydration/volume
loss/hemorrhagic shock)

Establish vascular access

Administer fluid bolus
20 ml/kg

If suspected allergic reaction,
see Allergic Reaction and/or
Anaphylaxis SMO

If no response to initial fluid
bolus and history of fever/
infection, repeat fluid boluses
of 20 ml/kg as indicated to a
max of 60 ml/kg

Identify any cardiac rhythm
disturbance and refer to
appropriate cardiac SMO

If no response to initial fluid
bolus, repeat at 20 ml/kg as
indicated to a max of 60 ml/kg

Control bleeding as appropriate

Support ABCs
Observe
Keep warm

Transport and contact Medical Control
as appropriate

Special Considerations:
Caution – fluids may need to be restricted in Cardiogenic shock.

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