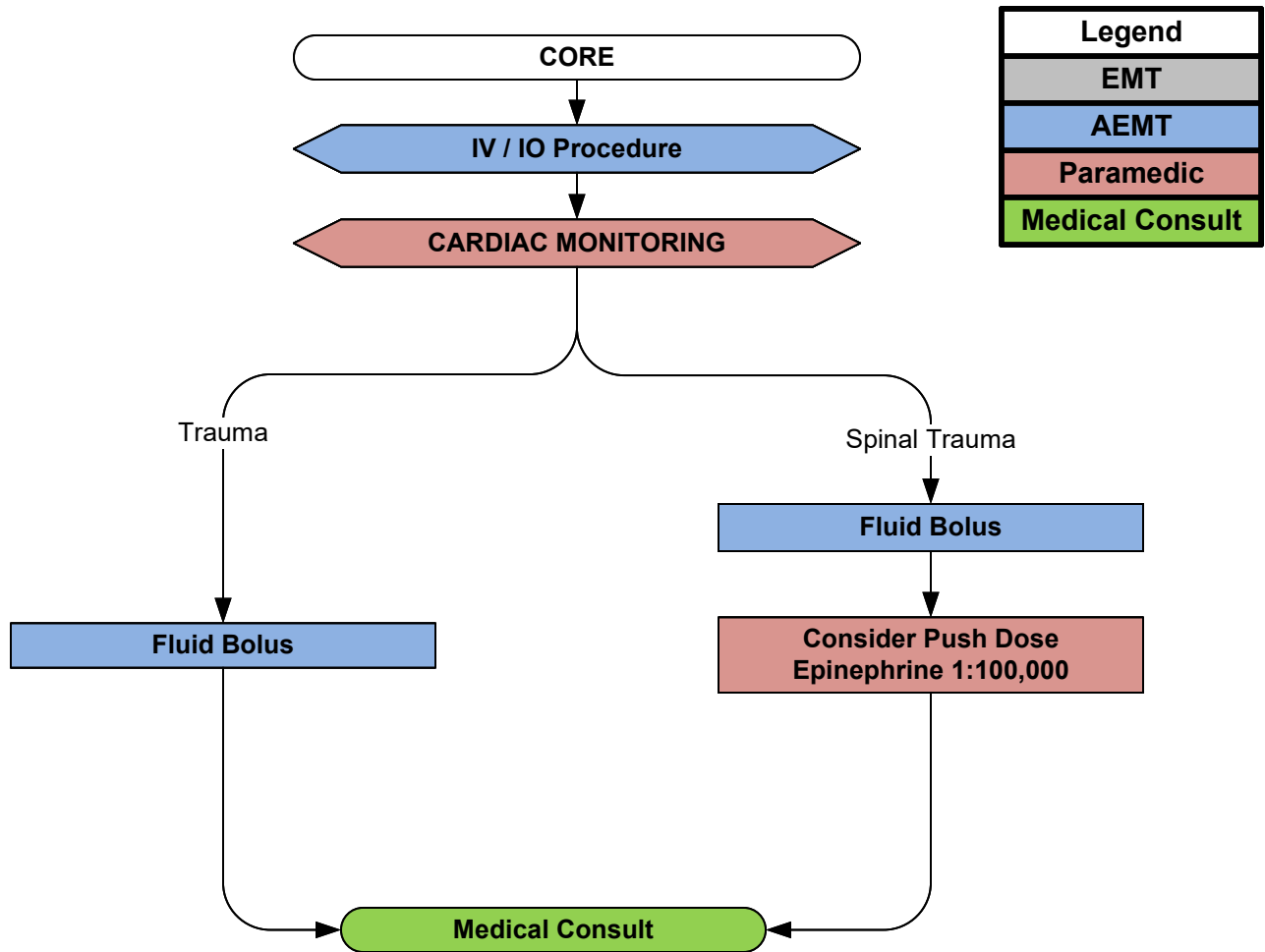


PEDIATRIC SHOCK - TRAUMA

History: ○ Blood loss (quantify) gastrointestinal bleeding ○ SAMPLE	Signs and Symptoms: ○ Restlessness, confusion ○ Weakness, dizziness ○ Weak, rapid pulse ○ Pale, cool, clammy skin ○ Delayed capillary refill ○ Hypotension	Differential: ○ Uncontrolled hemorrhage ○ Tension pneumothorax ○ Neurogenic shock (vasogenic)
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Pearls:

- Minimize scene time when possible.
- Fluid resuscitation should occur en route except in cases of entrapment and other extenuating circumstances.
- Shock is defined as decreased effective circulation with inadequate delivery of oxygen to tissues (see Signs and Symptoms section above).
- Unlike shock associated with other trauma, spinal trauma resulting in neurogenic shock may not be associated with tachycardia.
- Consider a 12 lead ECG for patients with chest trauma when time permits (en route).
- Age appropriate SBP $\geq 70 + 2 \times \text{age}$.
- In the presence of hypotension, administer 20 ml/kg bolus of normal saline to maximum of 60 ml/kg (unless contraindicated) prior to administration of push dose epinephrine.
- TXA is NOT indicated in patients < 18 years-old.