**Pediatric Hypotension**

**History**
- Blood loss
- Fluid loss (Vomiting, Diarrhea, Fever)
- Infection

**Signs and Symptoms**
- Restlessness, confusion, weakness
- Dizziness
- Increased HR, rapid pulse
- Decreased BP
- Pale, cool, clammy skin
- Delayed capillary refill

**Differential**
- Trauma
- Infection
- Dehydration
- Vomiting
- Diarrhea
- Fever
- Congenital heart disease
- Medication or Toxin
- Allergic reaction

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**Universal Patient Care Protocol**

Use Age appropriate BP levels

- **Evidence or history of trauma**
- **Blood Glucose**
  - > 60: Normal Saline bolus may repeat but consider medical history
  - < 60: D10 or Glucagon (if no IV)

- **Notify Destination or Contact Medical Control**
- **Consider repeating Normal Saline Bolus**

**Legend**

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**Pearls**
- **Recommended Exam:** Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- Consider all possible causes of shock and treat per appropriate protocol.
- Decreasing heart rate and hypotension occur late in children and are signs of imminent cardiac arrest.
- Most maternal medications pass through breast milk to the infant. Examples: Narcotics, Benzodiazepines.
- Consider possible allergic reaction or early anaphylaxis.
- If patients have a history cardiac disease, (prematurity) chronic lung disease, or renal disease limit Normal Saline bolus to 10 ml/kg