Subject: Treatment Guidelines – ALS Personnel
Pediatric Hypotension

Associated Policies:

I. Priorities
- A. ABC's.
- B. Airway/ventilation: 90% of pediatric arrests are respiratory in origin.
- C. Warmth: hypothermia increases complications.
- D. Identify the dysrhythmia.
- E. Rapid fluid/medication routes: IV may be difficult, if initial attempt fails, alternate routes include **IO/endotracheal intubation.
- F. Transport early Code 3.

II. Pediatric Hypotension

Skills and procedures denoted by double asterisks (**) paramedic level only.

- A. Severe Cardiorespiratory Compromise/Shock/Respiratory Failure:
  1. Primary survey with basic life support and airway adjuncts.
  2. Determine cardiac rhythm in more than one (1) lead.
  3. Endotracheal intubation and ventilate with 100% oxygen.
  4. IV or **Intraosseous access (IO).
  5. Contact base hospital.
  6. If heart rate has decreased and patient is hemodynamically compromised:
     - a. Perform chest compressions despite oxygenation and ventilation if:
       1) Heart rate < 80/minute in an infant.
       2) Heart rate < 60/minute in a child.
     - b. Epinephrine IV/**IO 0.01mg/kg of 1:10,000 or ET 0.1mg/kg of 1:1000, diluted to 3-5 mls total, repeat every 3-5 minutes at the same dose.
     - c. Atropine 0.02mg/kg IV/**IO/ET may be repeated once in 3-5 minutes.
       1) Minimum dose: 0.1 mg.
       2) Maximum single dose: 0.5 mg for child, 1mg for adolescent.
     - d. Use asystole protocol, as needed.

Approved: _____

Approved as to Form: _____