

## PEDIATRIC EMERGENCIES

Revised 3/1/2000

### p-3 PEDIATRIC HYPOTENSION

**PRIORITIES:**

- ABCs
- Identify signs of shock;
- Determine if patient has shock with or without pulmonary edema;
- Early transport

*Listless infant or child, poor skin turgor, dry mucous membranes (i.e., dehydration), history of fever may indicate sepsis, meningitis, setting of trauma indicates hemorrhage.*

**NORMAL VITAL SIGNS FOR AGE**

<b>AGE</b>	<b>SYSTOLIC B/P</b>	<b>PULSE</b>	<b>RESP. RATE</b>
Newborn	50	120	40 - 60
Child	70 – 90	95 – 110	20 - 30
10-15 years	110-120	75 – 85	18 - 22

1. Ensure a patent airway;
2. Oxygen therapy as tolerated for age (mask vs. nasal cannula). Be prepared to support ventilation with appropriate airway adjuncts. Demand valves are contra-indicated in children;
3. Control any bleeding;
4. Assist advanced life support personnel with patient packaging and movement to ambulance;
5. See SHOCK – NON TRAUMATIC (Protocol c-1)