

0 min

Recognize decreased mental status and perfusion.

5 min

Maintain airway and establish access according to PALS guidelines.

Push 20cc/kg isotonic saline or colloid boluses up to and over 60 cc/kg

Correct hypoglycemia and hypocalcemia

15 min

Fluid refractory shock

Fluid responsive

Establish central venous access, begin dopamine therapy and establish arterial monitoring .

Fluid refractory-dopamine resistant shock

Titrate epinephrine for cold shock, norepinephrine for warm shock

Observe in PICU

Catecholamine- resistant shock

At Risk of Adrenal Insufficiency?

Not at Risk?

60 min

Give hydrocortisone

Do not give hydrocortisone

Normal Blood Pressure

Cold Shock,

SVC O₂ sat < 70%

Low Blood Pressure

Cold Shock,

SVC O₂ sat < 70%

Low Blood Pressure

Warm Shock

Add Vasodilator or Type III PDE inhibitor with Volume loading

Titrate Volume and Epinephrine

Titrate Volume and Norepinephrine
Low dose vasopressin or angiotensin?

Persistent Catecholamine-resistant shock

Place pulmonary artery catheter and direct fluid, inotrope, vasopressor, vasodilator, and hormonal therapies to attain normal MAP-CVP and CI >.3.3 and < 6.0 L/min/m²

Refractory shock

Consider ECMO