Hypotension

For age dependent hypotension in children with transient low BP or rapidly responds to fluid resuscitation and without signs of shock.

History

• Volume loss (vomiting, diarrhea or blood)
• Infection (e.g., UTI, pneumonia, etc.)
• Poor oral intake
• Allergic reaction
• Access to medications (e.g., diuretics, beta blockers)
• History of congenital heart defects

Signs and Symptoms

• Pale, cool skin
• Mottling
• Tachycardia
• Weak, rapid pulse
• Delayed capillary refill
• Wounds/bruising/active bleeding
• Shortness of breath

Differential

• Shock (neurogenic vs. hemorrhagic vs. obstructive (tension pneumothorax))
• Sepsis
• Medication
• Hypovolemia
• Anaphylaxis
• Vasovagal event

Blood glucose analysis

Cardiac monitor

Consider, IV

Consider, 12-Lead ECG

Blood pressure normal?

Yes

No

Notify receiving facility. Consider Base Hospital for medical direction

Consider hypovolemic (dehydration or GI bleed), cardiogenic, distributive (sepsis or anaphylaxis), and obstructive (PE, cardiac tamponade or tension pneumothorax) shock

Effective November 2018

Treatment Protocol P18

Effective July 2020

Pearls

• Pediatric systolic hypotension is defined as:
  ◦ Neonate: < 60mmHg or weak pulses
  ◦ Infant: < 70mmHg or weak pulses
  ◦ 1-10 years: < 70mmHg + (age in years x2)
  ◦ Over 10 years: < 90mmHg