Pediatric 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

---

**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

---

**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**

**Overdose/Poisoning/Ingestion**
- Shock
- Traumatic Injury
- Needle Decompression Field Procedure