

Shock Core Case

Hypovolemic Shock 5 e

River of diarrhea

Pediatric Advanced Life Support

Scenario Lead-In

3 year(s) 15 Kg/ White (15-18 kg)

Prehospital: You are called to a house with a lethargic baby who has diarrhea.

ED: You are taking care of a baby with a history of copious diarrhea.

General Inpatient Unit: This baby was diagnosed with gastroenteritis, likely rotovirus; mom calls you to the room sobbing that she “can’t keep up.” There is a pile of poopy diapers on the counter.

ICU: This baby was diagnosed with gastroenteritis, likely rotovirus; mom calls you to the room sobbing that she “can’t keep up.” There is a pile of poopy diapers on the counter.

EVALUATE – Initial Impression	IDENTIFY	INTERVENE
<p><i>Consciousness</i></p> <ul style="list-style-type: none"> Lethargic <p><i>Breathing</i></p> <ul style="list-style-type: none"> Increased rate but no distress <p><i>Color</i></p> <ul style="list-style-type: none"> Cyanotic/pale extremities and lips; mottling <p><i>Pulses</i></p> <ul style="list-style-type: none"> Present but weak 	<ul style="list-style-type: none"> Possible dehydration; possible shock 	<ul style="list-style-type: none"> Activate emergency response system, if appropriate. Directs assessment of airway, breathing, disability, and exposure, including vital signs Directs administration of 100% oxygen Direct placement of pads/leads and activation of monitor. Directs placement of pulse oximeter.
EVALUATE – Primary Assessment	IDENTIFY	INTERVENE
<ul style="list-style-type: none"> Airway - Clear Breathing – RR - 60, Breath sounds - Clear, equal bilaterally, SpO₂- 90% on room air Circulation – HR- 180 beats/min, BP 70/40 mm Hg , Peripheral pulses - Weak , Central pulses - Fair, Cap Refill - Slow, Skin -Cool Disability - Responsive only to painful stimuli Exposure - Rectal temp -39 C (102.2 F) 	<ul style="list-style-type: none"> Hypovolemic shock Hypotensive Shock Cardiopulmonary failure 	<ul style="list-style-type: none"> Analyze cardiac rhythm (sinus tachycardia) Recognizes signs and symptoms of hypovolemic shock Categorizes as compensated or hypotensive shock. Directs IV/IO access. Direct rapid administration of 20 mL/kg (300 mL) of isotonic crystalloid IV/IO. Directs reassessment of patient in response to treatment.
EVALUATE – Secondary Assessment	IDENTIFY	INTERVENE
<p>SAMPLE history</p> <ul style="list-style-type: none"> Signs and symptoms: Lethargic, minimal response to pain Allergies: None known Medications: None Past medical history: Previously healthy Last meal: 24 hours ago Events (onset): Diarrhea began 12 hours ago. <p>Physical Examination</p> <ul style="list-style-type: none"> Repeat vital signs after oxygen administration: HR - 160 beats/min, RR - 60 breaths/min, SpO₂ .100% on 100% oxygen by non-rebreathing mask, BP – 80/40mm Hg Head, eyes, ears, nose and throat/neck: Normal Heart and lungs: Rapid heart rate Abdomen: Hyperactive bowel sounds Extremities: Pale and cool, otherwise normal Back: Normal 	<ul style="list-style-type: none"> Hypovolemic shock Compensated Shock Cardiopulmonary failure 	<ul style="list-style-type: none"> Repeat fluid bolus 20 mL/kg of isotonic crystalloid rapidly IV/IO as necessary until improved blood pressure, heart rate and distal pulses. Verbalizes therapeutic end points during shock management.

<ul style="list-style-type: none"> Neurologic: Choose an item. 		
EVALUATE – Diagnostic Tests (Perform throughout evaluation of patient as appropriate)	IDENTIFY/INTERVENE	
Lab data (as appropriate) <ul style="list-style-type: none"> Blood sugar 20 Imaging <ul style="list-style-type: none"> Deferred. 	<ul style="list-style-type: none"> Directs administration of 25% dextrose 30-60 mL or 10% dextrose 75-150 mL, followed by a recheck of blood sugar 	
Re-evaluate-identify-intervene after each intervention		

<h2>Debriefing Tool</h2>	
Scenario: Hypovolemic Shock	
Instructions	
<ul style="list-style-type: none"> Debriefing are 10 minutes long. Use the table below and the Team Dynamics Debriefing Tool to guide your debriefing. 	
Scenario Specific Learning Objectives	Critical Performance Steps
<ul style="list-style-type: none"> Summarizes signs and symptoms of hypovolemic shock Recognizes hypotensive shock Demonstrates correct interventions for hypovolemic shock Summarizes how to assess the effectiveness of fluid resuscitation 	<ul style="list-style-type: none"> Directs assessment of ABCDE and vital signs Recognizes signs and symptoms of hypovolemic shock Categorizes as compensated or hypotensive shock Administers 100% oxygen Directs placement and activation of cardiac monitor pads/leads and pulse oximetry Directs IV or IO access Directs rapid administration of a fluid bolus of isotonic crystalloid Directs reassessment of patient in response to interventions Directs appropriate laboratory studies and interprets results Verbalizes therapeutic end points during shock management