

Resuscitating a shocked child:

- **AIRWAY**
 - Well, you obviously need one of those.
- **BREATHING**
 - Everybody who is shocked gets oxygen. Simple as that.
- **CIRCULATION**
 - Get lots of lines in
SHORT and WIDE BORE is the key

20ml/kg bolus of crystalloid

- Don't use more than 1-2 of these boluses outside of septic shock

**CEFOTAXIME: 80mg/kg:
In kids, SEPSIS is the commonest cause of shock**

**DON'T FORGET THE GLUCOSE
Hypoglycaemia looks like shock**

THINGS TO ASK THE PARENTS ABOUT:

- Vomiting, diarrhoea
- Bdominal pain
- Urticaria, angioedema
- Cyanosis
- Major trauma
- Sickle cell disease → haemolysis
- Polyuria, tachypnea

DISABILITY in shock: meningitis can present with shock

- Dont LP them, they cone.
- Maintain normal blood pressure and normocapnea
- **MANNITOL 250mg/kg is the key.**

What fluids do I use?

- Crystalloid – you will need more of, but it improves mortality.
- In adults.
- The less you are going to use, the less the choice matters.
- Colloid corrects intravascular volume depletion more rapidly
- The child has 80ml/kg of blood; a 40ml/kg bolus is already half the circulating volume.
- If larger volumes are needed, 4% albumin is preferred

**In sepsis, it seems a large bolus early on decreases mortality
In penetrating trauma, you leave fluid until afterwards
In large volume transfusions, fluids should be warmed**