



PEDIATRIC DILUTED EPINEPHRINE		
Name: _____ Date: _____ License # _____		
Shock is a syndrome, which is characterized by inadequate tissue perfusion. Shock can have a variety of underlying causes, including hypovolemia, sepsis, cardiogenic, and anaphylaxis. Diluted Epinephrine is for use in pediatric patients who are grossly symptomatic and NOT hemodynamically stable.		
<p>A. <u>Assessment/Treatment Indicators:</u></p> <ol style="list-style-type: none"> 1. If SBP remains below length-based treatment tape low value after fluids PCAR-02. 2. If SBP remains below length-based treatment tape low value PCAR-04. 3. Pediatric ROSC titrate to length-based treatment tape SBP low value PCAR-05. 4. Anaphylactic Shock titrate to length based appropriate SBP, normal mental status or brisk capillary refill PENV-01. 5. If SBP remains low, titrate to normal age-based SBP PTR-01. 6. Base Hospital Physician Order PODP-02, PODP-03, PODP-05, PGEN-05. 		
<p>B. <u>Relative Contraindications:</u></p> <ol style="list-style-type: none"> 1. Hypersensitivity or allergies to epinephrine. 		
<p><u>Equipment:</u></p> <ol style="list-style-type: none"> 1. Pediatric IV setup. 2. Length Based Pediatric Resuscitation Tape. 3. 1:10,000 Epinephrine preload. 	<ol style="list-style-type: none"> 4. 10 ml injectable Normal Saline preload. 	
Performance Criteria	Pass	Fail
1. Use universal precautions.		
2. Use Length Based Pediatric Resuscitation Tape to determine the cardiac arrest dose of Epinephrine.		
3. Expel all but the cardiac arrest dose of Epinephrine from the preload syringe.		
4. Draw normal saline into the Epinephrine preload to equal 10 ml fluid in the syringe (Epinephrine + Normal Saline).		
5. Administer Diluted Epinephrine 1 ml IV/IO every 3-5 minutes. Titrate to normal age based SBP.		

Name & Signature of Evaluator

Date

Effective: May 1, 2026

Supersedes: N/A

Approved:

Signed by:
Katherine Spitzer, MD

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Medical Director

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[Signature]

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EMS Director