Practice Parameters of Pediatric/Neonatal Shock

1. What is the primary developmental difference in the hemodynamic response to sepsis between children and adults?

2. List the clinical triad that suggests the presence of septic shock?

3. How does dopamine increase blood pressure? Why can vasodilator therapy be beneficial in children with septic shock?

4. List the important metabolic/hormonal components to regard when treating children with septic shock.

5. What are the clinical signs of shock?

6. What is the definition of fluid-refractory/dopamine-resistant shock?

7. What type of shock would preclude the physician to order rapid fluid resuscitation?
   a. What are the signs/symptoms to observe during rapid fluid resuscitation of a patient with shock?

8. What is the vasoactive drug of choice for children who have fluid-refractory/dopamine-resistant cold shock? Warm shock?

9. Which population of children with septic shock is at risk for adrenal insufficiency?

10. Why would you consider adding dobutamine to dopamine for hemodynamic support in neonates with septic shock?

11. List the therapeutic end points for resuscitation of pediatric and neonatal patients in septic shock.

12. Indicate which patient has a clinical picture suspicious for shock
   _______ 4 yo presents to your clinic fussy with BP 100/45, HR 170.
   _______ 1 yo with T101, decreased po intake, CR 3 sec, HR 145
   _______ 7 yo with T101, decreased po intake, CR 3 sec, HR 145
   _______ 8 mo old with nausea/vomiting, diarrhea, BP 90/40, HR 190
   _______ 8 mo old with nausea/vomiting, diarrhea, BP 80/50, HR 150, CR 4 sec, good eye contact
   _______ 15 yo with n/v/d, cold extremities, BP 120/50, HR 154