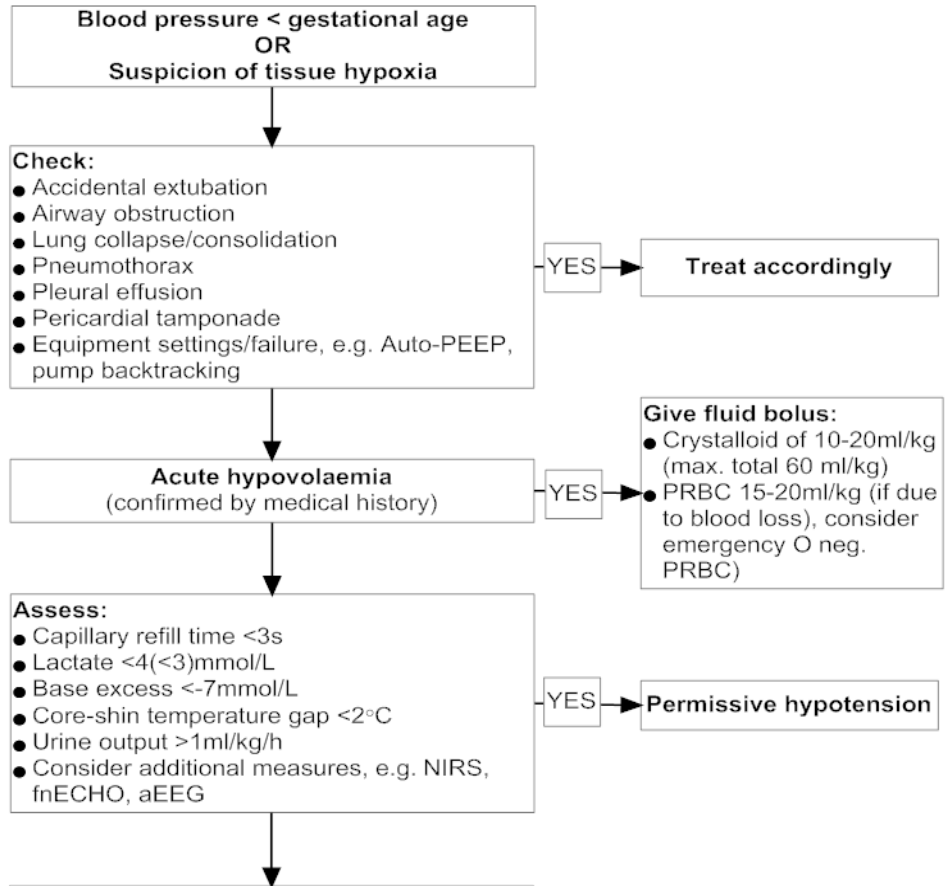


CIRCULATORY FAILURE



Identify type of significant hypotension & potential causes

Systolic ABP <3rd centile

- Septic shock (cold)
- Myocardial dysfunction
- Post-PDA ligation syndrome

Dobutamine
Start at 5 mcg/kg/min

Adrenaline
Start at 0.02 mcg/kg/min

Hydrocortisone
2 mg/kg IV bolus

Milrinone
0.35 mcg/kg/min

Diastolic ABP <3rd centile

- Septic shock (warm)
- NEC
- PDA (early)

20 ml/kg 0.9% NaCl
(max 60 ml/kg total)

Dopamine
Start at 10 mcg/kg/min

Noradrenaline
Start at 20 ng/kg/min
OR
Vasopressin 0.00003 units/kg/min

Adrenaline
Start at 0.02 mcg/kg/min

Hydrocortisone
2mg/kg IV bolus

- Acute hypovolaemia

10 ml/kg 0.9% NaCl
(max 60 ml/kg total)

20 ml/kg blood products
(max 60ml/kg total)

Noradrenaline
Start at 20 ng/kg/min
OR
Vasopressin at 0.00003 units/kg/min

Systolic & Diastolic ABP <3rd centile

- Myocardial dysfunction secondary to:
 - Persistent hypovolaemia
 - Septic shock (warm)
 - PDA (late)

Treatment combination depends on whether:

- Both ABP low from the beginning or progression from
- Low systolic ABP

OR

- Low diastolic ABP

Wait 30-60 minutes before escalating dose
PPHN: 1st line noradrenaline, perform functional ECHO as soon as possible
(See full guidelines for further reference on circulatory failure and PPHN)