

Protocol 700-M9

Shock

Rev: 2/18

### BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Place patient in recovery position
- ❖ Treat associated signs and symptoms as appropriate

### ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Symptomatic hypotension/shock with low blood pressure ( $\leq 90$  SBP), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
  - Consider cause (sepsis, hypovolemia, anaphylaxis, cardiac failure)
    - Obtain 12 lead ECG if cardiac ischemia suspected
    - Establish a second IV/IO TKO
    - Give **Normal Saline** 250 ml bolus
  - If inadequate improvement
    - NO signs of congestive heart failure (lungs clear to auscultation)
      - Give additional **Normal Saline** 750 ml bolus
  - If inadequate improvement after 1 liter **Normal Saline** OR signs of CHF (See Protocol 700 R1 *Respiratory Distress*)
    - Consider Push Dose **Epinephrine** (**Warning:** Avoid if cardiac ischemia is suspected)
      - Mixing instructions:
        - ◆ Take **epinephrine** 1 mg of 0.1 mg/mL preparation (cardiac **epinephrine**) and waste 9cc of **epinephrine**.
        - ◆ Into that syringe, withdraw 9 mL of **normal saline** from the patient 's IV bag. Shake well.
        - ◆ Mixture now provides 10 mL of **epinephrine** at a 10 mcg/mL concentration.
    - Push Dose:
      - **Epinephrine** 0.5 mL (5 mcg) IV/IO, every 3 minutes titrate to maintain a SBP > 90

### Special Considerations

- ❖ Symptomatic hypotension/shock is manifested by low blood pressure ( $\leq 90$  SBP), poor skin signs, altered mental status, tachycardia, poorly palpable pulses. However, low blood pressure by itself does not merit aggressive treatment if the patient is not exhibiting any signs of shock. Remember to treat the patient, not the numbers.
- ❖ Avoid aggressive attempts to normalize hypotension in the setting of trauma. Consider permissive hypotension (max SBP = 90) to minimize exsanguination (See Protocol 700 T-1 *Trauma*)
- ❖ Transport of symptomatic hypotension/shock victims should be rapid with treatment en-route when possible.
- ❖ Septic shock is common and is characterized by younger or older age, debilitated and bedridden individuals, or immune system deficiency (such as cancer or HIV disease). (See Protocol 700 M-6 *Sepsis*)



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