

Protocol 700-M8-P

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)
    - Establish a second IV/IO TKO
    - Give **Normal Saline** 20cc/kg bolus
  - If inadequate improvement
    - NO signs of congestive heart failure (lungs clear to auscultation)
      - Give additional **Normal Saline** 20 cc/kg bolus
  - If inadequate improvement after 40 cc/kg **Normal Saline**
    - Consider Push Dose **Epinephrine**
      - Mixing instructions:
        - ◆ Take **epinephrine** 1 mg (10 ml) of 0.1 mg/mL preparation (cardiac **epinephrine** 1:10,000 solution) and waste 9ml 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** 0.1 mL/kg (1 mcg/kg or 0.001mg/kg) IV/IO, every 3 min prn to maintain a SBP > 90

| <b>Pediatric Push Dose Epinephrine</b>     |           |            |
|--|-----------|------------|
| Dose: 0.1 ml/Kg or 0.001 mg/kg or 1 mcg/kg |           |            |
| Weight (kg)                                | Dose (mL) | Dose (mcg) |
| 10 kg                                      | 1 ml      | 10 mcg     |
| 15 kg                                      | 1.5 ml    | 15 mcg     |
| 20 kg                                      | 2.0 ml    | 20 mcg     |
| 25 kg                                      | 2.5 ml    | 25 mcg     |
| 30 kg                                      | 3.0 ml    | 30 mcg     |
| 35 kg                                      | 3.5 ml    | 35 mcg     |

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### 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 T1-P *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 M6P *Sepsis*)



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