Basic Treatment Guidelines:

Follow initial protocols for all patients

There are numerous disorders that can cause hypotension, therefore the paramedic must use caution and conduct a thorough evaluation of signs and symptoms when a single cause is suspected.

Advanced Treatment Guidelines:

1. Establish IV infusion of **NORMAL SALINE** at an appropriate rate if hypotensive; hypotensive patients may require 1-2 liters **NORMAL SALINE**. However, caution with IV fluid MUST be observed in patients with suspected Pulmonary Edema, Renal Failure, or fluid overload. A second IV should be established in the hypotensive patient presenting with significant signs or symptoms associated with hypotension. Hypotensive patients should be placed in Trendelemburg if tolerable, and when increased ICP is not suspected.

2. If persistent hypotension occurs in a spontaneously breathing conscious patient, initiate **ResQGARD** impedance threshold device as directed in the **ResQGARD** Procedure Guideline.

3. If persistent hypotension occurs, initiate a **NOREPINEPHERINE** infusion 0.05 mcg/kg/min titrate in increments of 0.05 mcg/kg/min every 2 minutes to a maximum of 0.3 mcg/kg/min. ECPs must obtain orders from medical control to administer doses greater than 0.3 mcg/kg/min.

4. If hypotension persists, initiate a **DOPAMINE** infusion 5-10 mcg/kg/min.

**Note:** **NOREPINEPHERINE** and **DOPAMINE** must be administered through separate lines, as they are incompatible with each other and many other drugs.