Follow Initial Protocol for All Patients

**Goals:**
- Early fluid administration
- Identification of underlying cause of shock, promptly treat with appropriate treatment

**Signs/Symptoms:**
- Altered mental status
- Decreased urine output
- Hypoperfusion
- Tachycardia

**Documentation Key Points:**
- Neurological Exam
- Fluids Administered
- Medications administered
- Vitals every 15 minutes or sooner

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**C12. Shock (Non-traumatic)**

**Date of Most Recent Update:** 6/2020

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**Hypovolemic (Dehydration/GI Bleed)**
- **H46. Normal Saline**
  - Adult: 500 ml bolus
  - Repeat to max of 30 ml/kg
  - Pediatric: 10 ml/kg Bolus
  - Repeat to max of 60 ml/kg
  - Bolus over <15 minutes
  - Stop if signs of fluid overload

**Distributive (Sepsis/Anaphylaxis)**
- **H46. Normal Saline**
  - Adult: 250 ml bolus
  - Pediatric: 10 ml/kg bolus, max 250 ml
  - Stop if signs of fluid overload

**Neurogenic**
- **H38. Norepinephrine**
  - 0.05 - 1.0 mcg/kg/min IV/IO

**Cardiogenic (Pump/Rate Problem)**
- **H16. Epinephrine**
  - 0.05 - 1.0 mcg/kg/min IV/IO

**Obstructive (PE/Tamponade)**
- **Epi/Norepi Drip**
  - 4 mg/250 ml = 16 mcg/ml
  - 8 mg/250 ml = 32 mcg/ml
  - 16 mg/250 ml = 64 mcg/ml

**PTA Medications:**
- **H15. Dopamine**
  - 2-20 mcg/kg/min
- **H49. Vasopressin**
  - 0.02-0.04 units/min (Do not titrate)
- **H14. Dobutamine**
  - 5-20 mcg/kg/min

**Special Considerations**
- When administering vaspressors, utilize central line access when available.
- If patient exhibits signs of fluid overload or cardiogenic shock, stop fluid administration immediately - move to vasopressor.
- Common adrenal insufficiency - Addison's Disease