

<b>SHOCK (MEDICAL) - HYPOTENSION/SEPSIS</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34 KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• <b>Universal Protocol #601</b></li> <li>• Pulse Oximetry               <ul style="list-style-type: none"> <li>- O2 administration per Airway Management Protocol #602</li> </ul> </li> <li>• Place in supine position if tolerated</li> </ul>	Same As Adult
<b>ALS</b>	
<p><b>SBP &lt; 100 mmHg or other signs of hypotension</b></p> <ul style="list-style-type: none"> <li>• Normal Saline 500 mL IV/IO               <ul style="list-style-type: none"> <li>- Repeat x1 if hypotension persists</li> </ul> </li> <li>• Consider establishing secondary IV access</li> <li>• Consider 12-lead ECG</li> <li>• If shock is due to trauma refer to General Trauma Protocol #660</li> </ul> <p><b>Persistent Hypotension</b></p> <ul style="list-style-type: none"> <li>• Push-Dose Epinephrine 10mcg/mL 1 mL IV/IO every 1-3 minutes               <ul style="list-style-type: none"> <li>- Repeat as needed, titrated to SBP &gt;90mmHg</li> <li>- <u>See notes for mixing instructions</u></li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Epinephrine Drip starting at 10mcg/min IV/IO infusion               <ul style="list-style-type: none"> <li>- Consider for extended transport</li> <li>- <u>See formulary for mixing instructions</u></li> </ul> </li> </ul> <p><b>SBP &gt; 100 mmHg</b></p> <ul style="list-style-type: none"> <li>• Consider Normal Saline 500 mL IV/IO               <ul style="list-style-type: none"> <li>- May repeat x1 based on ALS provider discretion.</li> </ul> </li> </ul>	<p><b>Signs of hypotension specific to age - see Universal Protocol #601 Attachment A</b></p> <ul style="list-style-type: none"> <li>• Normal Saline 20 mL/kg IV/IO not to exceed 500 mL               <ul style="list-style-type: none"> <li>- Repeat x1 if hypotension persists</li> </ul> </li> <li>• Consider establishing secondary IV access</li> <li>• If shock is due to trauma refer to General Trauma Protocol #660</li> </ul> <p><b>Normotensive specific to age - see Universal Protocol #601 Attachment A</b></p> <ul style="list-style-type: none"> <li>• Consider Normal Saline 20 mL/kg IV/IO, not to exceed 500 mL               <ul style="list-style-type: none"> <li>- May repeat x1 based on ALS provider discretion</li> </ul> </li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• <u><b>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9mL of Normal Saline with 1mL of Epinephrine 1:10,000, mix well</b></u></li> <li>• Fluids should always be given prior to initiating Push-Dose Epinephrine</li> <li>• Consider the underlying causes of shock</li> </ul>	

- Use caution with fluid challenges if signs of CHF of liver, or renal failure
- Keep the patient warm
- Treatable/Reversible considerations:
  - Hypoxemia
  - Tachycardia/Bradycardia
  - Hyper/Hypothermia
  - Hypovolemia
  - Altered Mental Status
  - Fractures/Bleeding/Tension Pneumothorax
  - Anaphylaxis
  - Chest pain
  - Overdose