



SHOCK – HYPOTENSION	
ADULT	PEDIATRIC – (14 years and under)
BLS Procedures	
<ul style="list-style-type: none">Place patient in supine positionAdminister oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway ManagementHemorrhage control – Policy 544: Tourniquet	<ul style="list-style-type: none">Place patient in supine positionAdminister oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway ManagementHemorrhage control – Policy 544: Tourniquet
Expanded Scope	
Same as BLS	Same as BLS
ALS Prior to Base Hospital Contact	
<ul style="list-style-type: none">Vascular Access <p><i>Hypovolemic Shock</i> Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 1L<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p><i>Hemorrhagic Shock – SBP ≤ 90mmHg</i> Tranexamic Acid (TXA) – Traumatic Injury Only</p> <ul style="list-style-type: none">IV/IO – Infuse 1gm (100mL) TXA over 10minsRefer to Policy 533-23: Tranexamic Acid (TXA) <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose EpinephrineHemorrhage control – Policy 544: Tourniquet <p><i>Septic Shock</i> Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 1L<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p><i>Anaphylactic Shock</i> Epinephrine 1mg/mL</p> <ul style="list-style-type: none">IM – 0.3mg<ul style="list-style-type: none">May repeat every 5 mins x2 <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p>Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 1L<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p><i>Cardiogenic Shock</i> Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p>Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 1L<ul style="list-style-type: none">Re-evaluate lung sounds after 500mLIf signs of pulmonary edema/CHF, decrease to TKOIf patient becomes normotensive, decrease to TKO	<ul style="list-style-type: none">Vascular Access <p><i>Hypovolemic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart</i> Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p><i>Hemorrhagic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart</i> Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose EpinephrineHemorrhage control – Policy 544: Tourniquet <p><i>Septic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart</i> Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p><i>Anaphylactic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart</i> Epinephrine 1mg/mL</p> <ul style="list-style-type: none">IM – 0.01mg/kg<ul style="list-style-type: none">Patient weighs 15kg – 30kg<ul style="list-style-type: none">IM – 0.15mg (Max total dose of 0.15mg)Patient weighs > 30kg<ul style="list-style-type: none">IM – 0.3mg (Max total dose of 0.3mg)Contact BH for further <p>Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p>Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">May repeat x1 for persistent signs of shock <p><i>Cardiogenic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart</i> Push-Dose Epinephrine</p> <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine <p>Normal Saline</p> <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">Re-evaluate lung soundsIf signs of pulmonary edema/CHF, decrease to TKOIf SBP age-appropriate, decrease to TKO



Santa Barbara County EMS
County Wide Protocols

Policy 533-20

Neurogenic Shock Push-Dose Epinephrine <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine Normal Saline <ul style="list-style-type: none">IV/IO Bolus – 1L<ul style="list-style-type: none">May repeat x1 for persistent signs of shock	Neurogenic Shock – Titrate to Age-Appropriate SBP - Refer to Appendix A for vital sign chart Push-Dose Epinephrine <ul style="list-style-type: none">Refer to Policy 533-10: Push Dose Epinephrine Normal Saline <ul style="list-style-type: none">IV/IO Bolus – 20mL/kg<ul style="list-style-type: none">May repeat x1 for persistent signs of shock
Base Hospital Physician Orders Only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures
Additional Information	
Tranexamic Acid (TXA) <ul style="list-style-type: none">TXA is indicated for patients with traumatic injuries per Policy 533-23 – Tranexamic Acid.TXA may be administered for emergency medical conditions outside of these indications with Base Hospital Physician Order only. Signs and Symptoms of Septic Shock <ul style="list-style-type: none">Physiological Response<ul style="list-style-type: none">Fever (or Hot to the Touch)TachycardiaTachypneaALOCHistory or Physical Exam Suggestive of Infection<ul style="list-style-type: none">PneumoniaUTICellulitisInfected WoundCurrently Taking Antibiotics	Signs and Symptoms of Septic Shock <ul style="list-style-type: none">Physiological Response<ul style="list-style-type: none">Fever (or Hot to the Touch)TachycardiaTachypneaALOCHistory or Physical Exam Suggestive of Infection<ul style="list-style-type: none">PneumoniaUTICellulitisInfected WoundCurrently Taking Antibiotics