TREATMENT:

A. Treat per Universal Patient Care
B. Prepare for rapid transport.
C. Determine type of shock and treat as follows:

- **Hypovolemic Shock:**
  1. Elevate legs.
  2. Give **NS 500 ml** fluid bolus, repeat if needed if no signs of pulmonary edema.
  3. For penetrating trauma or AAA, do not fluid overload. Goal is a systolic BP of 90 mmHg.
- **Cardiogenic Shock:**
  1. Follow appropriate cardiac dysrhythmia protocol.
  2. Consider fluid challenge.
  3. Consider Push-Dose Epinephrine **1ml of 1:100,000** q 1min until BP reaches >90mmhg. Use as a bridge to Dopamine.
  4. **Dopamine infusion**. Start at 5 mcg/kg/min and increase in 5 mcg/kg/min increments every five minutes to a maximum of 20 mcg/kg/min, or until systolic BP is at least 90 mmHg and signs of shock are alleviated.
- **Distributive Shock (anaphylaxis, sepsis, neurogenic):**
  1. Give **NS 500 ml** fluid bolus, repeat if needed if no signs of pulmonary edema. May repeat to a total of 1,000 ml. If shock persists consider dopamine as above.
  2. If possible, treat underlying cause.

PEDIATRIC PATIENTS:

Treat as outlined above with the exception of the following Fluid Administration guidelines:

1. Infants – 10 ml/kg.
2. Children – 20 ml/kg.
3. Maximum fluid amount in Cardiac and Obstructive shock is 20 ml/kg

NOTES & PRECAUTIONS:

A. Closely monitor patient's respiratory status and vital signs. Avoid fluid overload.
B. Other signs and symptoms of shock include confusion, restlessness, altered mental status, moist skin, apathy and tachycardia.
C. Keep patient warm
D. Notify receiving hospital ASAP

DOCUMENT:

A. Respiratory Effort
B. Signs & Symptoms of shock
C. Vital signs including temp, Sp02 and C02
D. GCS
E. Skin Color and Temp
F. Cardiac Rhythm
G. Response to treatments