


Section: **Adult Trauma**  
Subject: **SHOCK – NEUROGENIC**  
Section #: **341.14**  
Issue Date: **March 21, 2011**  
Revision Date: **December 1, 2017**  
Approved By: 

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1. Basic ALS Treatments
2. Evaluate for Trauma Alert criteria
3. Refer to **HCFR SPINAL MOTION RESTRICTION** protocol and apply as indicated.
4. Fluid administration:
  - a. **Normal saline** 20 mL/kg IV bolus to maintain peripheral pulses.
  - b. When peripheral pulses return, the flow rate is changed to KVO with close monitoring of vital signs.
5. Rapid transport.
6. **Dopamine:**
  - a. If the presumptive diagnosis is neurogenic shock, and hypotension persists after a total of 20 mL/kg (one bolus) of fluids have been administered, begin **dopamine** infusion:
    - i. Start at 5 mcg/kg/min IV/IO
    - ii. Increase by 5 mcg/kg/min q5 minutes PRN titrated to effect
    - iii. Maximum dose of 20 mcg/kg/min
7. QA Point:
  - a. Neurogenic shock is shock a distributive type of shock resulting in hypotension, occasionally with bradycardia, that is attributed to the disruption of the autonomic pathways within the spinal cord. Hypotension occurs due to decreased systemic vascular resistance resulting in pooling of blood within the extremities lacking sympathetic tone. Bradycardia results from unopposed vagal activity and has been found to be exacerbated by hypoxia