



Shock

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Guideline Model Process)

Aliases

None noted

Patient Care Goals

1. Initiate early fluid resuscitation and vasopressors to maintain/restore adequate perfusion to vital organs
2. Differentiate between possible underlying causes of shock to promptly initiate additional therapy

Patient Presentation

Inclusion Criteria

1. Signs of poor perfusion (due to a medical cause) such as one or more of the following:
 - a. Altered mental status
 - b. Delayed capillary refill (> 3 seconds)
 - c. Flash capillary refill (> 1 second) seen in early septic shock
 - d. Decreased urine output
 - e. Respiratory rate greater than 20 breaths per minute in adults or elevated in children (See [normal vital signs table](#))
 - f. Hypotension for age (lowest acceptable systolic blood pressure in mmHg):
 - i. Less than 1 years of age: 60
 - ii. 1–10 years old: (age in years) (2) + 70
 - iii. Greater than 10 years old: 90
 - g. Tachycardia or bradycardia for age, out of proportion to temperature [See [Appendix VIII. Abnormal Vital Signs](#)]
 - h. Weak, decreased or bounding pulses
 - i. Cool/mottled or flushed/ruddy skin
2. Potential etiologies of shock:
 - a. Hypovolemic (hemorrhagic or non-hemorrhagic)
 - b. Distributive (sepsis, anaphylaxis, neurogenic, overdose, endocrine)
 - c. Cardiogenic (cardiomyopathy, dysrhythmia, valve disorder)
 - d. Obstructive (pulmonary embolism (PE), tension pneumothorax, cardiac tamponade)
 - e. Combined (one form causing another)

Exclusion Criteria

Shock due to suspected trauma [See [Trauma Section](#)]

Patient Management

Assessment

1. History
 - a. History of GI bleeding