4202	Shock Unrelated to Trauma
Treatment Protocol	

Last Reviewed: **October 4, 2022**	Last Revised: **July 1, 2023**

BLS Patient Management

- **Establish, maintain, and ensure:**
  A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**
  As clinically indicated. Titrate to maintain, or increase, SpO_2 to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements

- Preserve the patient's body heat by covering them with warm blankets

- Attach ECG leads to the patient when a paramedic is present. May assist with placement of the 12-lead cables.

- Position the patient supine to meet physiologic requirements: Avoid Trendelenburg or elevating legs for shock. If the patient is pregnant, transport her in left lateral position

- Preserve the patient's body heat by covering them with warm blankets

Consider the causes of shock and act as indicated by REMSA policies, protocols, and standards

ALS Patient Management

- Establish, maintain, and ensure peripheral IV and/or IO access for emergency stabilization, and/or as clinically indicated, in adult and pediatric patients

  Consider the need for additional sites as clinically indicated

- Interpret and continuously monitor ECG, vital signs, SpO_2 and waveform / digital capnography

  Perform, interpret, and transmit 12L ECG(s), as clinically indicated, when:
  - A STEMI is suspected
  - A STEMI is ECG-monitor identified or
  - The patient's cardiac rhythm is atypical or difficult to interpret

- **For shock unrelated to trauma**
  Adults: Normal saline 250 mL IV/IO bolus. **MAY REPEAT AS CLINICALLY INDICATED TO A MAX ADMINISTRATION OF 2 L**.

  Pediatrics: Normal saline 20 mL / kg IV/IO bolus. Use a volume control administration set for accurate dosing. **MAY REPEAT AS CLINICALLY INDICATED.** For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

  Adults and pediatrics: Push Dose Epinephrine 0.01 mg (1 mL, 0.01 mg / mL concentration) IV/IO. **MAY REPEAT PRN EVERY 1-5 MINUTES TO MAINTAIN A SYSTOLIC BP GREATER THAN:**

  90 mmHg – adults
  70 mmHg – pediatrics

  ADMINISTRATION OF TRANEXAMIC ACID (TXA) FOR SHOCK UNRELATED TO TRAUMA IS NOT PERMITTED