

SHOCK (MEDICAL) - HYPOTENSION/SEPSIS	
ADULT	PEDIATRIC ($\leq 34\text{ KG}$)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> - O2 administration per Airway Management Protocol #602 • Place in supine position if tolerated 	Same As Adult
ALS	
<p>SBP < 100 mmHg or other signs of hypotension</p> <ul style="list-style-type: none"> • Normal Saline 500 mL IV/IO <ul style="list-style-type: none"> - Repeat x1 if hypotension persists • Consider establishing secondary IV access • Consider 12-lead ECG • If shock is due to trauma refer to General Trauma Protocol #660 <p>Persistent Hypotension</p> <ul style="list-style-type: none"> • Push-Dose Epinephrine 10mcg/mL 1 mL IV/IO every 1-3 minutes <ul style="list-style-type: none"> - Repeat as needed, titrated to SBP $>90\text{mmHg}$ - <u>See notes for mixing instructions</u> • Epinephrine Drip starting at 10mcg/min IV/IO infusion <ul style="list-style-type: none"> - Consider for extended transport - <u>See formulary for mixing instructions</u> <p>SBP > 100 mmHg</p> <ul style="list-style-type: none"> • Consider Normal Saline 500 mL IV/IO <ul style="list-style-type: none"> - May repeat x1 based on ALS provider discretion. 	<p>Signs of hypotension specific to age - see Universal Protocol #601 Attachment A</p> <ul style="list-style-type: none"> • Normal Saline 20 mL/kg IV/IO not to exceed 500 mL <ul style="list-style-type: none"> - Repeat x1 if hypotension persists • Consider establishing secondary IV access • If shock is due to trauma refer to General Trauma Protocol #660 <p>Normotensive specific to age - see Universal Protocol #601 Attachment A</p> <ul style="list-style-type: none"> • Consider Normal Saline 20 mL/kg IV/IO, not to exceed 500 mL <ul style="list-style-type: none"> - May repeat x1 based on ALS provider discretion
Base Hospital Orders Only	
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed
Notes	
<ul style="list-style-type: none"> • <u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9mL of Normal Saline with 1mL of Epinephrine 1:10,000, mix well</u> • Fluids should always be given prior to initiating Push-Dose Epinephrine • Consider the underlying causes of shock 	

- Use caution with fluid challenges if signs of CHF of liver, or renal failure
- Keep the patient warm
- Treatable/Reversible considerations:
 - Hypoxemia
 - Tachycardia/Bradycardia
 - Hyper/Hypothermia
 - Hypovolemia
 - Altered Mental Status
 - Fractures/Bleeding/Tension Pneumothorax
 - Anaphylaxis
 - Chest pain
 - Overdose