

Treatment Protocols**Shock - Adult****Date: 07/01/2025****Policy #9200A****Systolic blood pressure <90 mmHg, and/or signs of poor perfusion, including:****Altered Mental Status, Tachycardia, Pallor, Diaphoresis****Adult BLS Standing Orders**

- **Universal Protocol**
- Capnography
- Frequent O₂, respiratory and ventilatory status reassessments per **Airway Policy**
- Control external bleeding, see **Hemorrhage Control Protocol**
- Do not use Trendelenburg position
- If suspected SIRS, refer to **SIRS Policy**
- Remove any vasodilator (ex: nitro paste) or pain (ex: fentanyl) medication patches. Administer naloxone per **Poisoning Policy**

Adult LALS Standing Orders

- Establish IV
- NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
- Capnography

Adult ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- 12 Lead ECG

If blood pressure < 90 mmHg systolic or patient's perfusion worsening

- NS 500-1,000 mL IV/IO MR PRN to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg

Undifferentiated Shock, Refractory to IVF

- Push-dose epinephrine 1:100,000 (0.01 mg/ml) 1 mL IV/IO q3 min, titrate to SBP ≥ 90 mmHg **BH**

Push-Dose Epinephrine Mixing Instructions

- Remove 1 mL normal saline (NS) from the 10 mL NS syringe
- Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe
- The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

If suspected cardiogenic shock

- Dopamine IV/IO 5-20 mcg/kg/min titrated to SBP > 90 mmHg **BH**

Adult Base Hospital Orders

- BH - Repeat NS 0.9% 500-1,000 ml IV/IO bolus over 2,000 ml
- BH - Push dose epinephrine PRN undifferentiated shock, refractory to IVF

If suspected cardiogenic shock:

- BH - Dopamine IV/IO 5-20 mcg/kg/min titrated to SBP > 90 mmHg

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- **Push-dose epinephrine is the pressor of choice for adults in Imperial County.** Dopamine is the pressor of choice for pediatrics in Imperial County. Two (2) exceptions exist:
 - **Adults with cardiac suspected etiology of hypotension, dopamine should be used, NOT push-dose epinephrine**
 - Pediatrics with anaphylaxis suspected etiology of hypotension, push-dose epinephrine should be used, NOT dopamine

APPROVED:

SIGNATURE ON FILE – 07/01/25

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