



SHOCK

Effective: January 1, 2025
Replaces: April 27, 2017

1. Patient Care Goals

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

2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
 - 2.1.1. **Oxygen High Flow** – assist with ventilations as appropriate
- 2.2. Place patient in shock position
- 2.3. Control any obvious bleeding as appropriate
 - 2.3.1. Consider the use of a tourniquet if bleeding is not controlled (700-M17)
- 2.4. Maintain patient's body temperature
- 2.5. If Anaphylaxis is suspected see treatment protocol (700-A12)
- 2.6. If Trauma is suspected see treatment protocol (700-A16)
- 2.7. If Sepsis is suspected see treatment protocol (700-A04)

3. ALS Treatment

- 3.1. **Vascular Access (IV) or Vascular Access (IO)**, per procedure (700-M13)
 - 3.1.1. A second IV may be established if appropriate

4. Hypovolemic Shock

- 4.1. Titrate IV to maintain SBP 90mmHg
- 4.2. Consider **500ml Fluid bolus**, to maintain SBP greater 90mmHg

5. Cardiogenic shock

- 5.1. Obtain **12 Lead ECG**
- 5.2. If dysrhythmia is present, treat according to appropriate protocol
- 5.3. **250ml Fluid bolus**, if lung sounds are clear
- 5.4. **Dopamine 5–20 mcg/kg/min IV**, titrate to SBP greater than 90mmHg

6. Pertinent Assessment Findings

- 6.1. Decreased perfusion manifested by altered mental status, or abnormalities in capillary refill or pulses, decreased urine output (1 mL/kg/hr):
 - 6.1.1. Cardiogenic, hypovolemic, obstructive shock: capillary refill greater than 2 seconds, diminished peripheral pulses, mottled cool extremities
 - 6.1.2. Distributive shock: flash capillary refill, bounding peripheral pulses

7. Key Documentation Elements

- 7.1. Medications administered
- 7.2. Vital signs according to Routine Medical Care – Adult (700-S04)
- 7.3. Neurologic status assessment
- 7.4. Amount of fluid given