Protocol 700-M9: Non-Traumatic Hypotension (Shock)

Revision 5/22/18
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BLS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- High-flow oxygen 15L/min
- Place patient in recovery position
- Treat associated signs and symptoms as appropriate

ALS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- Assess perfusion status and if SBP <90 consider cause of hypotension (sepsis, cardiogenic, dehydration, non-traumatic bleeding, neurogenic, anaphylaxis)
- Cardiac monitor, document rhythm and attach ECG strip if dysrhythmia
- 12 Lead EKG. If STEMI see Protocol 700-C6 *Suspected Cardiac Ischemia*
- Check Lung sounds
  - Clear breath sounds
    - Give IV fluids
      - **Normal saline**, 10ml/kg IV/IO
        - Reassess after each 250ml increment for evidence of volume overload (pulmonary edema)
        - Stop infusion if pulmonary edema develops
  - No response or pulmonary edema develops
    - Push-dose **Epinephrine** 0.5 ml (5 mcg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose **Epinephrine** Mixing Instructions*
    - Titrate to maintain SBP > 90mmHg
    - Abnormal lung sounds (pulmonary edema)
      - Hold IV fluids
      - Push-dose **Epinephrine** 0.5 ml (5 mcg) very slow IV/IO every 3-5 minutes prn SBP < 90. See Procedure 708 *Push-dose **Epinephrine** Mixing Instructions*
      - Titrate to maintain SBP > 90mmHg

Special Considerations

- Patient mortality with shock is 30-50%
- Treatment consists of oxygen, fluids and pressers. Pressers are only used when patient remains unresponsive to fluids or cannot tolerate additional fluids due to pulmonary edema.
- Patients in shock due to bleeding from traumatic injury are typically not treated with pressor in the field due to risk of greater blood loss.