Treatment Protocols **Date: 02/01/2021**
Shock - Adult **Policy #9200A**

Systolic blood pressure <90 mmHg, and/or signs of poor perfusion

BLS Standing Orders

- **Universal Protocol**
- Frequent O2, respiratory and ventilatory status reassessments per **Airway Policy**
- EtCO2 (if ALS present), pulse oximetry, blood pressure, and ECG continuous monitoring
- Control external bleeding, see **Hemorrhage Control Protocol**
- Place supine with legs elevated if not contraindicated
- 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.**

LALS Standing Order Protocol

- Establish IV
- NS 0.9% 500-1,000 mL IV bolus. Additional fluids per BH orders

Adult ALS Standing Order Protocol

- Establish IO
- EtCO2, pulse oximetry, blood pressure, and ECG continuous monitoring
- Complete 12 Lead ECG
- Insert supraglottic/ETT PRN per **Airway Policy**
- If blood pressure remains below 90 systolic or patient's perfusion appears to be worsening:
  - Repeat NS 0.9% 500-1,000 mL IV bolus. Max of 2,000 mL

Adult Base Hospital Orders

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

  A. Take Epinephrine 1 mg of 0.1 mg/ml preparation (Cardiac 1:10,000 Epinephrine) and waste 9 ml of Epinephrine
  B. In that syringe, draw 9 ml of normal saline from the patient's IV bag and shake well
  Mixture now provides 10 ml of Epinephrine at a 0.01 mg/ml (10 mcg/ml) concentration
  C. If patient fulfill indications, and has approval from Base Hospital Physician, administer **Epinephrine** 0.5 mL (5 mcg) IV/IO, every 3 minutes, titrate to a SBP > 90

<u>If suspected cardiogenic shock:</u>

- BHP - Dopamine IV/IO 5-20 mcg/kg/min titrated to SBP <90 mmHg q 5 minutes after initial 500 mL bolus

APPROVED:

<u>Signature on File</u>
Katherine Staats, M.D.
EMS Medical Director