

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS


DATE: 6/1/07 rev.

SUBJECT: SHOCK/HYPOTENSION (non-traumatic)

POLICY NUMBER: 9260

BLS	ALS
<p>Ensure patent airway, give oxygen and/or ventilate prn. Keep warm Nothing by mouth Remove dermal NTG prn. If not contraindicated, place patient supine with legs elevated</p> <p>NOTE: Do not use Trendelenberg position</p>	<p>Monitor ECG</p> <p><b>SO</b> Establish IV</p> <p><b>SO</b> For mild hypotension, give fluid bolus 250-500 mL NS; may repeat per BH order</p> <p><b>SO</b> For profound hypotension, run wide open to max 2 liters</p> <p>Run IVs to maintain systolic BP 90 mm Hg; additional fluids per BH order</p> <p><b>BH</b> Dopamine 400 mg/250 mL NS, run at 10-20 mcg/kg/min; titrate to systolic BP 90 mm Hg</p> <p>See Chest Pain Protocol for cardiogenic shock.</p> <p><b>PEDIATRIC NOTE:</b></p> <p><b>SO</b> Normal Saline 20 mL/kg initial bolus via Volutrol rapid IV drip; may repeat per BH</p> <p><b>BHP</b> Dopamine 200 mg/250 mL NS, run at 5-20 mcg/kg/min</p>

APPROVAL:

  
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