

**Treatment Protocols****Date: 07/01/2025****Shock - Adult****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 O<sub>2</sub>, 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  $\geq 90$  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  $\geq 90$  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  $\geq 90$  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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