

**Treatment Protocols****Date: 07/01/2021****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**
- 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
- Fluid bolus 500 mL IV, MR x1 MR **BH**

**Adult ALS Standing Orders**

- Monitor EKG
- Establish IV/IO
- Capnography
- 12 Lead ECG
- ETT prn per **Airway Policy**

**If blood pressure < 90 mmHg systolic or patient's perfusion worsening**

- Fluid bolus 500 mL IV MR prn to a max of 2,000 mL MR **BH**

**Undifferentiated shock, refractory to IVF**

- Push-dose epinephrine 1:100,000 (0.01 mg/ml) 1 mL IV/IO **BHP** q3 min, titrate to SBP  $\geq$ 90 mmHg **BHP**

**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 (0.1mg/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 **BHP**

**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

**If suspected cardiogenic shock:**

- BHP - Dopamine IV/IO 5-20 mcg/kg/min titrated to SBP <90 mmHg

**Notes**

- 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:

**Treatment Protocols**

**Date: 07/01/2021**

***Shock - Adult***

**Policy #9200A**

- 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

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