Any patient with signs, symptoms, and history suggesting inadequate tissue perfusion should be considered to be in shock. Make every effort to determine and treat the underlying cause regardless of etiology. Shock patients shall be transported **ALS** to the nearest appropriate facility for definitive care.

NOTE: This protocol is for the treatment of medical, atraumatic patients. To treat hypovolemic trauma patients follow Protocol 21.

Suspect possible shock in patients that present with a history of:

a. Blood loss – vaginal or gastrointestinal bleeding
b. Fluid loss – vomiting, diarrhea
c. Fever, possible systemic infection
d. Infection
e. Cardiogenic shock or ischemia
f. Reaction to medications
g. Allergic reactions
h. Pregnancy, possible ectopic pregnancy
i. History of poor oral intake

General Care

EMR/ BLS

1. Initial Assessment/Care Protocol 1.
2. Signs and Symptoms:
    a. Restlessness, confusion
    b. Weakness, dizziness
    c. Tachycardia
    d. Pale, cool, clammy skin
    e. Delayed capillary refill
    f. Coffee-ground emesis, tarry stools
3. Hypotension (systolic B/P < 90 mmHg) is a mandatory ALS Rescue transport.
4. **Any patient with a normal blood pressure, but with two or more of the above signs and symptoms will be considered to be in compensated shock and treated/transported as an ALS patient.**
5. Keep the patient supine.
6. Prevent heat loss by covering with warm blankets if available, and if the patient is not febrile.

ALS

7. In hypotensive patients, IV fluid administration should be based on physiologic signs rather than routine IV fluid administration. Start an IV of Normal Saline.

   a) Administer a **fluid bolus up to 1000 mL**. Monitor B/P and lung sounds often it is not mandatory to administer the entire liter of fluid prior to proceeding to Dopamine. Clinical judgement should be utilized in determining when to proceed to Dopamine.

8. **Dopamine Infusion at 10 mcg/kg/minute** and titrate to a blood pressure of 90-100 mmHg systolic or max dose of 20 mcg/kg/minute **Medication 13.**

9. **Epinephrine Infusion at 0.1-0.5 mcg/kg/min**. **Medication 14**.

   a) **Appendix 9.2** Mix Epinephrine 1:1,000 5 mg (5 mL) into a 500 mL NS bag with a 60 gtt/mL set to yield a concentration of 10 mcg/mL for initial management dosing and begin administration at 1 drop every 2 seconds and titrate dose up to desired effect.