

APPROVED: Signature On File In EMS Office
 Executive Director

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 Medical Director

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 SUPERSEDES: _____
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NON-TRAUMATIC SHOCK

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: History may include: GI bleeding, vomiting, diarrhea, allergic reaction, fever, sepsis, anti-hypertensive overdose.

Physical signs may be due to circulatory insufficiency (collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse) or sympathetic compensation (pale, cold, clammy, mottled skin, rapid respirations, anxiety). Signs of compensation may be absent in the elderly, children, or patients taking vasoactive medications.
NOTE: A decreased blood pressure is a late sign of shock.

STANDING ORDERS	
ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate
POSITION	Place patient on left side.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	Two 14-16 gauge. If systolic BP is less than 90mmHg, give 250 ml boluses to systolic BP 90-100. Reassess the patient after each bolus.
CONSIDER CAUSE	Cardiogenic – IV fluid boluses Hypovolemia – IV fluid boluses Hypoxia – Oxygenate Anaphylaxis – refer to Allergic Reaction Policy 554.43 Overdose – refer to Policies 554.51 – 554.58
BASE PHYSICIAN ORDERS	
DOPAMINE:	Drip at 10 mcg/kg/minute for systolic BP less than 90mmHg unresponsive to fluids. Titrate to systolic BP 90-100.