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Executive Director

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Medical Director

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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 the treatment standard for EMT-Is and EMT-Ps in treating patients.
- 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

ABC's

OXYGEN:

POSITION: Place patient on left side.

MONITOR: Treat rhythm as appropriate.

IV ACCESS: Two 14-16 gauge. If systolic BP is less than 90, 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 90 unresponsive to fluids. Titrate to systolic BP 90-100.