



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 14230
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SHOCK (NON-TRAUMATIC)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Patient exhibits signs/symptoms of profound shock and hypotension with a SBP of less than 90 mm Hg for adults and a SBP less than 70 mm Hg for pediatrics.
- Determine history of illness.
- History of GI bleeding, vomiting, diarrhea, fever/sepsis or vaginal bleeding.
- Post ROSC for Out of Hospital Cardiac Arrest (OHCA).
- Consider hypoglycemia or narcotic overdose.

II. LIMITED ALS (LALS) INTERVENTIONS

- Maintain airway with appropriate adjuncts, including perilaryngeal airway adjunct if indicated.
- Obtain oxygen saturation on room air or on home oxygen if possible.
- Place AED pads on patient as precaution in event patient goes into sudden cardiac arrest.
- Obtain vascular access.
- If hypotensive or have signs or symptoms of inadequate tissue perfusion, administer fluid challenges:
 - ADULT
 - Administer 500 ml IV bolus, may repeat one (1) time until tissue perfusion improves
 - PEDIATRIC
Administer 20 ml/kg IV bolus, may repeat one (1) time for tachycardia, change in central/peripheral pulses or altered level of consciousness.
- For patients with no respiratory difficulties and adequate signs of tissue perfusion:
 - ADULT/PEDIATRIC
 - Maintain IV at TKO.

III. ALS INTERVENTIONS

- Perform activities identified in LALS Interventions.
- Maintain airway with appropriate adjuncts, including advanced airway if indicated. Obtain oxygen saturation on room air or on home oxygen if possible.

- Place on cardiac monitor.
- Obtain vascular access.
- If hypotensive or has signs or symptoms of inadequate tissue perfusion, administer fluid challenges:
 - ADULT
 - Administer 500 ml IV bolus, may repeat one (1) time to sustain a SBP of more than 90 mm Hg or until tissue perfusion improves.
 - If no response to fluid administration, stop fluids and administer Push Dose Epinephrine per ICEMA reference #11010 - Medication - Standard Orders.
 - PEDIATRIC
 - Administer 20 ml/kg IV bolus, may repeat one (1) time for tachycardia, change in central/peripheral pulses or altered level of consciousness.
 - If no response to fluid administration, stop fluids and administer Push Dose Epinephrine per ICEMA reference #11010 - Medication - Standard Orders.
- For postpartum hemorrhage with continued signs of inadequate tissue perfusion, not responsive to fluid challenge consider administration of TXA (base hospital order) per ICEMA reference #11010 – Medication – Standard Orders.
 - Must be within three (3) hours of onset and must have either:
 - Signs and symptoms of hemorrhagic shock with SBP less than 90 mm Hg.
 - Significant hemorrhage with heart rate greater than or equal to 120.
- For adults with sustained SBP of more than 90 mm Hg, pediatrics with sustained SBP more than 70 mm Hg, no respiratory difficulties and adequate signs of tissue perfusion:
 - ADULT
 - Maintain IV at TKO.
 - PEDIATRIC
 - Maintain IV at TKO.

Base Hospital May Order

- Establish 2nd large bore IV en route.

IV. REFERENCE

<u>Number</u>	<u>Name</u>
11010	Medication -Standard Orders