SHOCK (MEDICAL) - HYPOTENSION/SEPSIS

ADULT	PEDIATRIC (≤34KG)
BLS	
• Universal Protocol #601 • Pulse Oximetry o O_2 administration per Airway Management Protocol #602 • Place in supine position if tolerated	Same as Adult
ALS Standing Orders	

SBP < 100 mmHg or other signs of hypotension
• **Normal Saline** up to 500 mL IV
  o repeat x1 if hypotension persists
• Consider establishing secondary IV access
• Consider 12-lead ECG
• If shock is due to trauma refer to General Trauma Protocol #660
	Signs of hypotension specific to age – see Universal Protocol #601 Attachment A
	• **Normal Saline** 20 mL/kg IV/IO
	  o repeat x1 if hypotension persists
	• Consider establishing secondary IV access
	• If shock is due to trauma refer to General Trauma Protocol #660

Base Hospital Orders Only	

Non-Hypovolemic Shock
• **Dopamine** 5-20 mcg/kg/min IV/IO infusion
OR
• **Push-Dose Epinephrine 10 mcg/mL** 1 mL IV/IO every 1-3 min
  o repeat as needed to maintain SBP >90mmHg
  o See notes for mixing instructions
• As needed
	• As needed

Notes

- **Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000)**: Mix 9 mL of **Normal Saline** with 1 mL of **Cardiac Epinephrine 1:10,000 (0.1 mg/mL)**, mix well
- Consider underlying causes of shock
- Use caution with fluid challenges if signs of CHF or history of liver or renal failure
- Keep patient warm
- Treatable/Reversible considerations:
  - Hypoxemia
  - Tachycardia
  - Bradycardia
  - Hyper/Hypothermia
  - Hypovolemia
  - Altered mental status
  - Fractures/Bleeding/Tension pneumothorax
  - Anaphylaxis
  - Chest pain
  - Overdose