

<b>SHOCK (MEDICAL) - HYPOTENSION/SEPSIS</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Place in supine position if tolerated</li> </ul>	Same as Adult
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<b>SBP &lt; 100 mmHg or other signs of hypotension</b> <ul style="list-style-type: none"> <li>• <b>Normal Saline</b> up to 500 mL IV</li> <li>• May repeat once if hypotension persists</li> <li>• Consider establishing secondary IV access</li> <li>• Consider 12-lead ECG</li> <li>• If shock is due to trauma refer to General Trauma Protocol #660</li> </ul>	<b>Signs of hypotension specific to age</b> <ul style="list-style-type: none"> <li>• <b>Normal Saline</b> 20 mL/kg IV/IO</li> <li>• May repeat once if hypotension persists</li> <li>• Consider establishing secondary IV access</li> <li>• If shock is due to trauma refer to General Trauma Protocol #660</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• As needed</li> </ul>	<ul style="list-style-type: none"> <li>• As needed</li> </ul>
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Consider underlying causes of shock</li> <li>• Use caution with fluid challenges if signs of CHF or history of liver or renal failure</li> <li>• Keep patient warm</li> <li>• Treatable/Reversible considerations:                             <ul style="list-style-type: none"> <li>○ Hypoxemia</li> <li>○ Tachycardia</li> <li>○ Bradycardia</li> <li>○ Hyper/Hypothermia</li> <li>○ Hypovolemia</li> <li>○ Altered mental status</li> <li>○ Fractures/Bleeding/Tension pneumothorax</li> <li>○ Anaphylaxis</li> <li>○ Chest pain</li> <li>○ Overdose</li> </ul> </li> </ul>	