

# Shock

## Protocol

Douglas County KS EMS System

November 2022

**Reference Procedures:** [Pulse Oximetry](#)

### **Goals for Patient Care:**

- Initiate early fluid resuscitation and/or vasopressors to maintain/restore adequate perfusion to vital organs
- Recognition of shock, consider different causes of shock to promptly initiate treatment/therapy

### **Medications:**

<u>ADULT Medications:</u>	<u>PEDIATRIC Medications:</u> <b>Refer to HandTevy</b>
<ul style="list-style-type: none"><li>• <b>Normal Saline:</b> 500mL, IV/IO</li><li>• <b>Dopamine:</b> 400 mg / 250 cc NS infused at 5-20 mcg/kg/min (titrated to effect) IV/IO <i>Refer to dopamine formulary for drip rate chart</i></li></ul>	<ul style="list-style-type: none"><li>• <b>Normal Saline:</b> 20mL/kg, IV/IO</li><li>• <b>Dopamine:</b> 400 mg / 250 cc NS infused at 5-20 mcg/kg/min (titrated to effect) IV/IO <i>Refer to dopamine formulary for drip rate chart</i></li></ul>

### **Procedures/Interventions**

- Administer oxygen as needed and assist ventilation as clinically indicated
- Establish IV access
- Check blood glucose (if glucose <60 refer to Diabetic Emergency)

### **Anaphylactic Shock:**

- Treat according to Anaphylaxis and Allergic Reaction protocol

### **Cardiogenic Shock:**

- Treat dysrhythmias according to protocol
- Consider Dopamine
- Fluid resuscitate if no clinical evidence of volume overload (significant lower extremity edema or pulmonary edema)

### **Hypovolemic Shock:**

- Control hemorrhage (see trauma protocol) and evaluate cause of hemorrhage
- Administer IV fluid bolus (500mL IV)
- Assess for significant orthostatic changes if no active hemorrhage seen

### **Neurogenic/Spinal Shock:**

- Assess for spinal cord injury and cervical motion restriction if applicable
- Consider Dopamine

### **Septic shock**

- See sepsis protocol
- Administer IV fluids and consider dopamine

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### Considerations

Considerations for crews on scene prior to ambulance arrival.

- Check blood glucose and treat as required
  - If low consider treatment options to raise BG within scope of practice and equipment availability
  - If high consider other causes for symptoms and await ambulance arrival.
- Check all vital signs and treat for shock within scope of practice
  - Elevate legs, keep warm, apply O2, Iv and fluids
- Ask about pt's medications, If they have been taking medications appropriately, Eating habits.
- Ask about recent infections and do a full body assessment for injuries or infections
- Pt's can refuse transport at any time. If pt's found to have normal vitals, BG, mental status without any other complaints consider cancelling ambulance response if department SOP/SOG's allow. If not ambulance should continue to obtain pt refusal.

Give full report to arriving Paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not