

SHOCK (MEDICAL) - HYPOTENSION/SEPSIS	
ADULT	PEDIATRIC (≤34 KG)
BLS	
<ul style="list-style-type: none"> • Universal Algorithm #601 • Pulse Oximetry • O2 administration per Airway Management Protocol #602 • Place in supine position if tolerated 	Same As Adult
BLS Optional Scope	
Pulse Oximetry - O2 administration per Airway Management Policy # 602	
ALS Standing Orders	
<p>SBP < 100 mmHg or other signs of hypotension</p> <ul style="list-style-type: none"> • Normal Saline 500 mL IV/IO <ul style="list-style-type: none"> - 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 <p style="text-align: center;">Persistent Hypotension</p> <ul style="list-style-type: none"> • Push-Dose Epinephrine 10mcg/mL 1 mL IV/IO every 1-3 minutes <ul style="list-style-type: none"> - Repeat as needed titrated to SBP >90mmHg - <u>See notes for mixing instructions</u> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Epinephrine Drip starting at 10mcg/min IV/IO infusion <ul style="list-style-type: none"> - Consider for extended transport - <u>See formulary for mixing instructions</u> 	<p>Signs of hypotension specific to age - see Universal Protocol #601 Attachment A</p> <ul style="list-style-type: none"> • Normal Saline 20 mL/kg IV/IO not to exceed 500 mL <ul style="list-style-type: none"> - 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	
<ul style="list-style-type: none"> • As needed 	<ul style="list-style-type: none"> • As needed
Notes	
<ul style="list-style-type: none"> • <u>Mixing Push-Dose Epinephrine 10 mcg/mL (1:100,000): Mix 9mL of Normal Saline with 1mL of Epinephrine 1:10,000, mix well</u> • Fluids should always be given prior to initiating Push-Dose Epinephrine • Consider the underlying causes of shock • Use caution with fluid challenges if signs of CHF of liver or renal failure • Keep patient warm • Treatable/Reversible considerations: <ul style="list-style-type: none"> - Hypoxemia 	

- Tachycardia/Bradycardia
- Hyper/Hypothermia
- Hypovolemia
- Altered Mental Status
- Fractures/Bleeding/Tension Pneumothorax
- Anaphylaxis
- Chest pain
- Overdose