

EL DORADO COUNTY EMS AGENCY PREHOSPITAL PROTOCOLS



EMS Agency Medical Director

Effective: July 1, 2009

Reviewed: February 2010

Revised: July 1, 2016

Scope: BLS/ALS – Adult/Pediatric

SHOCK

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE – Keep patient warm. Be prepared to support ventilation with appropriate airway adjuncts. Administer high flow oxygen via non re-breather mask. Consider spinal precautions for patients with traumatic injury.

SIGNS AND SYMPTOMS:

- Restlessness, confusion, ALOC
- Weakness, dizziness
- Weak, rapid pulse
- Pale, cool, clammy skin
- Delayed capillary refill
- Hypotension
- Coffee-ground emesis
- Tarry stools

CONSIDER CAUSE:

ANAPHYLACTIC	Severe allergic reaction - Refer to Allergic Reaction Protocol
SEPTIC	Overwhelming Infection – Refer to Sepsis Protocol
HYPOVOLEMIC	Decreased circulating volume due to blood or fluid loss. i.e. Trauma, anticoagulants, history of GI or vaginal bleeding, ectopic pregnancy, vomiting, diarrhea
CARDIOGENIC	Circulatory Failure is due to inadequate cardiac function, i.e. Acute MI, CHF, congenital defect
NEUROGENIC	Loss of sympathetic tone causing decrease in peripheral vascular resistance. Occurs in head and spinal cord injury

PROTOCOL PROCEDURE: Flow of protocol presumes patient is in shock or that the patient is compensating for impending shock. Rapid transport with IV(s) established en route is a standard.

ALS TREATMENT

APPLY CARDIAC MONITOR AND ASSESS VITAL SIGNS Establish 2 large bore IVs. Use IO if unable to establish IV.		
HYPOVOLEMIC	CARDIOGENIC	NEUROGENIC
<p>ADULT</p> <ol style="list-style-type: none"> 1) Give 1000ml bolus if BP < 100sys OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) 2) Repeat 500ml Bolus as necessary for BP < 100 3) Treat injury per General Trauma Protocol 	<p>ADULT</p> <ol style="list-style-type: none"> 1) Obtain 12 lead EKG 2) Check Blood Glucose 3) Give 1000ml bolus if BP < 100 sys OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) <p>CONTACT BASE STATION</p> <p>DOPAMINE - If hypotension persists 5-20 µg/kg/min. IV/IO infusion may be ordered. Titrate to effect to maintain BP > 100 systolic</p>	<p>ADULT</p> <ol style="list-style-type: none"> 1) Give 1000ml bolus if BP < 100sys OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) 2) Check Blood Glucose 3) Repeat 500ml Bolus as necessary for BP < 100 <p>CONTACT BASE STATION</p> <p>DOPAMINE - If hypotension persists 5-20 µg/kg/min. IV/IO infusion may be ordered. Titrate to effect to maintain BP > 100 systolic</p>
<p>PEDS</p> <ol style="list-style-type: none"> 1) Give bolus of 20 mL/kg. If hypotensive OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) 2) Check Blood Glucose 3) If no improvement with initial bolus give additional fluid boluses at 20 mL/kg to a Max. of 60 mL/kg. 	<p>PEDS</p> <ol style="list-style-type: none"> 1) Obtain 12 lead EKG 2) Check Blood Glucose 3) Give 20ml/kg bolus if hypotensive OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) <p>CONTACT BASE STATION</p> <p>DOPAMINE - If hypotension persists 5-20 µg/kg/min. IV/IO infusion may be ordered via Volutrol with micro-drip tubing. Titrate to effect to maintain appropriate BP for age</p>	<p>PEDS</p> <ol style="list-style-type: none"> 1) Give bolus of 20 mL/kg. If hypotensive OR has signs of compensatory shock (tachycardia, tachypnea, poor skin signs, delayed cap refill) 2) Check Blood Glucose 3) If no improvement with initial bolus give additional fluid boluses at 20 mL/kg. <p>CONTACT BASE STATION</p> <p>DOPAMINE - If hypotension persists 5-20 µg/kg/min. IV/IO infusion may be ordered via Volutrol with micro-drip tubing. Titrate to effect to maintain appropriate BP for age</p>