



SHOCK

Date: 7/1/2024

Page 1 of 1

BLS

ALS

- O₂ saturation
- O₂ and/or ventilate PRN
- Control obvious external bleeding
- Treat associated injuries
- NPO, anticipate vomiting
- Remove transdermal patch
- Keep patient warm

- Monitor/EKG
- IV/IO [Ⓐ]
- Capnography PRN

Non-traumatic, hypovolemic shock*

- 500 mL fluid bolus IV/IO, MR to maintain SBP \geq 90 mmHg [Ⓐ]

SBP <90 mmHg after second fluid bolus

- Push-dose epinephrine 1:100,000 (0.01 mg/mL)
1 mL IV/IO, MR q3 min, titrate to SBP \geq 90 mmHg

Distributive shock[†]

- 500 mL fluid bolus IV/IO, MR to maintain SBP \geq 90 mmHg [Ⓐ]

SBP <90 mmHg after second fluid bolus

- Push-dose epinephrine 1:100,000 (0.01 mg/mL)
1 mL IV/IO, MR q3 min, titrate to SBP \geq 90 mmHg

Push-dose epinephrine mixing instructions

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

* If suspected AAA, fluid boluses to maintain SBP \geq 80 mmHg. Treat per Abdominal Discomfort / GI / GU (Non-Traumatic) Protocol (S-120).

[†] Distributive shock includes neurogenic; drug and toxin-induced; and endocrine shock.