Shock

Assessment: Consider etiologies of shock

1. Follow General Pre-hospital Care Protocol.
2. Control major bleeding per Soft Tissue and Orthopedic Injuries Protocol.
3. Remove all transdermal patches using gloves.
4. Prompt transport following local MCA protocol.
5. Special consideration
   A. If 3rd trimester pregnancy, position patient left lateral recumbent.

6. Obtain vascular access (in a manner that will not delay transport).
   A. The standard NS IV/IO fluid bolus volume will be up to 1 liter, wide open, repeated as necessary, unless otherwise noted by protocol. IV/IO fluid bolus is contraindicated with pulmonary edema.
   B. Fluid should be slowed to TKO when SBP greater than 90 mm/Hg.
   C. For pediatrics, fluid bolus should be 20 mL/kg, and based on signs/symptoms of shock.

7. Consider establishing a second large bore IV of Normal Saline en route to
8. Obtain 12-lead ECG, if suspected cardiac etiology.
9. If anaphylactic shock, refer to the Anaphylaxis/Allergic Reaction Protocol.
10. For possible hemorrhagic shock, per MCA selection, refer to Tranexamic Acid Protocol

11. Additional IV/IO fluid bolus
    A. Up to 2L total for adult
    B. Up to 40mL per kg total for pediatric.

12. If hypotension persists after IV/IO fluid bolus, administer Epinephrine by push dose (dilute boluses).
    A. Prepare by combining 1 mL of Epinephrine 1 mg/10 mL with 9 mL NS
    B. Adults
       1. Administer 10-20 mcg (1-2 mL Epinephrine 10 mcg/mL)
       2. Repeat every 3 to 5 minutes
       3. Titrate to SBP greater than 90 mm/Hg
    C. Pediatrics
       1. Administer 1 mcg/kg (0.1 mL/kg Epinephrine 10 mcg/mL)
       2. Maximum dose 10 mcg (1 mL)
       3. Repeat every 3-5 minutes
Follow General Prehospital Care Protocol

Control major bleeding per Soft Tissue and Orthopedic Injuries Protocol

- Remove all transdermal patches using gloves
- Position patient appropriately (3rd trimester pregnancy, left lateral recumbent)

Obtain vascular access (without delaying transport)
- IV bolus NS, up to 1 liter (may repeat as noted)
- Pediatrics up to 20 mL/kg
- Titrate to Normotensive BP and signs/symptoms of shock

If anaphylactic shock, refer to Anaphylaxis/Allergic Reaction Protocol

If possible hemorrhagic shock, per MCA selection, refer to Tranexamic Acid Protocol

MCA Adoption of Tranexamic Acid Protocol?

- Yes
- No

Additional IV/IO fluid bolus
- Up to 2 L total for adult
- Up to 40 mL/kg total for pediatric

If hypotension persists after fluid bolus, administer Epinephrine by push dose
- Prepare (10mcg/ml by adding 1 mL of 1mg/10mL Epinephrine in 9mL NS then
  - Adult
  - Administer 1-2 mL every 3 to 5 minutes, titrating to SBP >90 mm/Hg
  - Pediatric
  - Administer 0.1 mL/kg (1 mcg/kg), maximum dose 10 mcg (1 mL), repeat every 3-5 minutes titrating to signs/symptoms of shock