


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**.

MCA Adoption of Tranexamic Acid Protocol

YES

NO




-  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