

NON-TRAUMATIC SHOCK

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- SBP < 100 and signs of shock, suggestive of cardiac origin or after severe vomiting, diarrhea or signs of infection

CRITICAL INFORMATION

- Presence of rales. If rales present, see Acute Pulmonary Edema R 5

TREATMENT

- ALS RMC
- Treat dysrhythmia per protocol
- 12-lead ECG if patient has medical history and/or presenting complaints consistent with acute coronary syndrome. If positive for STEMI, see STEMI Policy.
- Give 250-500 ml. Recheck vital signs every 250 ml. May give up to two liters fluid.
- If lungs remain clear after fluid challenge and SBP remains < 100 then:
 - IV / IO infusion of **Dopamine** 400 mg/250 ml D5W (pre-mixed). Begin at 10ug/kg/min.
- Monitor blood pressure every five minutes. Aim for SBP ≥ 100.
- Consider placing multifunction Defib/ Pacer Pads

DOPAMINE			
400 mg in 250 ml D5W (pre-mixed)		60 drops/min = 60 ml/hr	
Weight (kg)	gtts/min to = 10 ug/kg/min	Weight (kg)	gtts/min to = 10 ug/kg/min
35-44	15 gtts/min	85-94	35 gtts/min
45-59	20 gtts/min	95-109	40 gtts/min
60-74	25 gtts/min	110 & up	45 gtts/min
75-84	30 gtts/min		

SPECIAL CONSIDERATION

- Consider other causes of shock and treat as per specific protocols for the following:
 - GI Bleeding
 - Anaphylaxis
 - Tension pneumothorax
 - Vaginal hemorrhage
 - Pulmonary edema

DOCUMENTATION- ESSENTIAL ELEMENTS

- 12-lead ECG finding
- Vital signs pre/post fluid boluses
- History of progression of illness

RELATED POLICIES/ PROCEDURES

- 12-lead Electrocardiogram Procedure ALS PR 12
- Destination Guideline GPC 4