

Effective Date : September 1, 2018

Last Review: October 3, 2011

Next Review: September 1, 2021

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

History may include: GI bleeding, vomiting, diarrhea, allergic reaction, sepsis, antihypertensive medication overdose. Physical signs may include: collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse, pale/cold/clammy/mottled skin, rapid respirations, and anxiety. Signs of compensation may be absent in the elderly or patient's taking beta-blocker or alpha-blocker medications. Screen patient for Sepsis

REMEMBER A DECREASED BLOOD PRESSURE IS A LATE SIGN OF SHOCK.

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, assist ventilations as necessary

VITALS: assess vitals

BLOOD SUGAR CHECK: test blood sugar treat as appropriate.

CHECK TEMPERATURE: assess temperature

ALS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%, secure airway & assist ventilations as necessary.

MONITOR: treat rhythm as appropriate

BLOOD SUGAR CHECK: test blood sugar treat as appropriate.

CHECK TEMPERATURE: assess temperature

CAPNOGRAPHY: utilize waveform capnography; ETCO2 readings of **25mmHg or less** are suggestive of poor organ perfusion

IV/IO ACCESS: Two 14 – 16 gauge IV's if patient has a **SBP LESS than 90mmHg** administer **500 ml** fluid boluses to **SBP GREATER than 90mmHg**. Reassess patient after each bolus.

PUSH DOSE EPINEPHERINE - 10mcg (1ml) slow IV push every 1-5 minutes for SBP LESS than 90mmHg & patient not responding to previous treatment.

PUSH DOSE EPINEPHRINE SOLUTION MIXING INSTRUCTIONS

- **Take Epinephrine 1:10,000 concentration (1 mg/10 ml) and waste 9 ml of Epinephrine**
- **In same syringe draw 9 ml of saline from the patients IV bag & shake well**
- **Mixture now provides 10 ml of Epinephrine at 10mcg/ml (0.01 mg/ml) concentration**
- **Label syringe Epi 10mcg/ml**

USE EXTREME CAUTION WHEN USING PUSH DOSE EPINEPHERINE

CONSIDERATIONS:

Try to identify and treat reversible causes, medication overdose, hypoxia, sepsis, hypovolemia/dehydration, anaphylaxis, spontaneous pneumothorax, thrombosis, etc.



POLICY ADULT M12 NON TRAUMATIC SHOCK

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