NON-TRAUMATIC SHOCK

History may include: GI bleeding, vomiting, diarrhea, septicemia, anti-hypertensive OD, Return of Spontaneous Circulation, heat injury/stroke.

Physical signs may be due to circulatory insufficiency (collapsed peripheral/neck veins, confusion, cyanosis, thready pulse) and compensatory or sympathetic nervous and adrenergic compensation mechanism (pale, cold, clammy and/or mottled skin, rapid respirations, anxiety). Signs of compensation may be absent in the elderly or patients taking beta-blocker or alphablocker medications. Heat stroke can present with ALOC; hot, red & dry skin signs; nausea/vomiting, etc.

Field Treatment - BLS		
OXYGEN:	High Flow, as tolerated	
POSITION & VITALS:	If third trimester pregnancy, place patient in left lateral decubitus position	
	assess vitals	
Field Treatment - ALS		
MONITOR:	Treat rhythm as appropriate	
IV ACCESS:	2 large bore cannula. If patient has a systolic BP less than 90, administer 500cc fluid boluses as indicated. Reassess vitals and lung sounds after each fluid bolus.	
CONSIDER CAUSE:	Cardiogenic: Hypovolemia:	IV fluid boluses
	Нурохіа:	100% O2 via NRM or BVM
	Anaphylaxis:	refer to Allergic Reaction Protocol, page 15
	Overdose:	refer to Poisoning Protocol, page 16
	Heat Stroke:	IV fluid bolus 500cc, re-check vitals. Remove excess clothing. Rapid cooling with water - keep head moist. Keep environment cool.
	Aneurysm:	IV fluid boluses to maintain target systolic BP of 90 mmhg
Considerations:		
DOPAMINE:	Drip @ 5 - 20 ug/kg/min for hypotensive patients refractory to IV fluids. Titrate	

to systolic BP 100 mm Hg.