

## ***Shock***

Assessment: Consider multiple etiologies of shock (hypovolemic, distributive – neurogenic, septic and anaphylactic, and cardiogenic)

### **Pre-Medical Control**

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

1. Follow **General Pre-hospital Care Protocol**.
2. Control major bleeding
3. Position patient:
  - a. Left lateral recumbent if 3<sup>rd</sup> trimester pregnancy.
  - b. Elevate legs 10-12 inches.

#### **EMT/SPECIALIST/PARAMEDIC**

4. **Immediate load and transport for unstable patients.** Follow local MCA transport protocol.

#### **SPECIALIST/PARAMEDIC**

5. Obtain vascular access (in a manner that will not delay transport).
  - a. Administer 250 ml NS fluid bolus unless patient in pulmonary edema.
  - b. Repeat bolus as necessary.
6. Establish second large bore IV of Normal Saline enroute to hospital, if possible.

#### **MFR/EMT/SPECIALIST/PARAMEDIC**

7. Remove all transdermal patches using gloves.

#### **PARAMEDIC**

8. Obtain 12-lead EKG if available.

### **Post-Medical Control**

#### **SPECIALIST/PARAMEDIC**

1. Additional IV fluid bolus.

#### **PARAMEDIC**

2. If BP is less than 100 mmHg and signs/symptoms of cardiogenic or spinal shock, administer Dopamine 5-20 mcg/kg/min. Generally start at 5 mcg/kg/min, and increase every 10 minutes by an additional 5 mcg/kg/min until BP greater than 100 mmHg. **DO NOT** exceed 20 mcg/kg/min unless ordered by medical control.

**Michigan**  
**Adult Treatment Protocols**  
**SHOCK**

Date: September 1, 2009

Page 2 of 2

Assessment: Consider multiple etiologies of shock (hypovolemic, distributive – neurogenic, septic and anaphylactic, and cardiogenic)

Follow **General Pre-hospital Care Protocol**

Control major bleeding

Position patient

- Left lateral recumbent if 3<sup>rd</sup> trimester pregnancy
- Elevate legs 10-12 inches

**Immediate load and transport for unstable patients. Follow local MCA transport protocol.**

- Obtain vascular access in a manner not to delay transport
- Administer 250 ml NS fluid bolus unless patient is pulmonary edema
- Repeat bolus as necessary
- Establish 2<sup>nd</sup> IV NS KVO enroute to hospital
- Remove all transdermal patches using gloves
- Obtain 12-lead EKG, if available

**Contact Medical Control**

- Additional IV fluid bolus
- If BP is less than 100 mmHg and signs/symptoms of cardiogenic or spinal shock, administer Dopamine 5-20 mcg/kg/min. Generally start at 5 mcg/kg/min, and increase every 10 minutes by an additional 5 mcg/kg/min until BP over 100 mmHg. DO NOT exceed 20 mcg/kg/min unless ordered by medical control.