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 3rd trimester pregnancy.
   B. Elevate legs 10-12 inches.
4. Remove all transdermal patches using gloves.
5. **Immediate load and transport for unstable patients**.
6. Follow local MCA transport protocol.

SPECIALIST/PARAMEDIC

7. 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.
8. Establish second large bore IV of Normal Saline enroute to hospital, if possible.

PARAMEDIC

9. Obtain 12-lead EKG if available.

Post-Medical Control

SPECIALIST/PARAMEDIC

1. Additional IV fluid bolus.

PARAMEDIC

2. If BP is less than100 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.