



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
**SHOCK (SYMPTOMATIC HYPOTENSION) (ADULT/ADOLESCENT)**

#: BH-M-45  
Page: 1 of 2  
Org. Date: 12/2006  
Date: 04/01/17

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact
2. Symptomatic hypotension/shock is manifested by low blood pressure ( $\leq 90$  systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
3. There are multiple causes for shock, most common in the field is hypovolemia but consider septic, anaphylaxis and cardiac failure.
4. For systolic blood pressure less than 90 in the non-traumatic hypovolemic patient:
  - ▶ If NO signs of congestive heart failure (lungs clear to auscultation), administer 250 mL Normal Saline bolus, repeat up to three times.
  - ▶ If no response to initial 1000 mL Normal Saline or signs of congestive heart failure (pulmonary rales):
    - ▶ If available, push dose epinephrine (per Procedure #230)

**Mixing instructions:**

  - Take epinephrine 1 mg of 0.1 mg/mL preparation (cardiac epinephrine) and waste 9cc of epinephrine.
  - Into that syringe, withdraw 9 mL of normal saline from the patient's IV bag. Shake well.
  - Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.

**Push Dose:**

  - 0.5 mL (5 mcg) IV/IO, every 3 minutes titrate to a SBP  $> 90$ .

**ALS STANDING ORDER**

1. Cardiac monitor, document rhythm.
2. Pulse oximetry, if room air oxygen saturation less than 95%, provide:
  - ▶ *High flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. Establish venous access:
  - ▶ *IV access (if unresponsive to regular stimuli consider IO if peripheral IV cannot be established).*
4. For signs of poor perfusion (poor skin signs, altered mental status, weak pulses) and if lungs clear to auscultation (no evidence CHF):
  - ▶ *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
  - ▶ *Contact Base Hospital if hypotension does not response to Normal Saline hydration.*
5. If rales noted on lung auscultation, suspect cardiogenic shock, contact Base Hospital for further orders.
6. Assess for "Acute MI"
  - ▶ *12-lead ECG if MI suspected, if "Acute MI" indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG, contact Base Hospital for CVRC destination.*
7. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

Reviewed: 11/16  
Final Date for Implementation: Apr 01, 2017  
OCEMS copyright © 2017



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL TREATMENT GUIDELINES  
SHOCK (SYMPTOMATIC HYPOTENSION) (ADULT/ADOLESCENT)

#: BH-M-45  
Page: 2 of 2  
Org. Date: 12/2006  
Date: 04/01/17

**BASE GUIDELINES**

**ALS STANDING ORDER**

**TREATMENT GUIDELINES:**

- Symptomatic hypotension/shock is manifested by low blood pressure ( $\leq 90$  systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
- Transport of symptomatic hypotension/shock victims should be rapid with treatment en route when possible.
- Septic shock is often encountered in the field and is characterized by younger or older age, debilitated and bedridden individuals, or immune system deficiency (such as cancer or HIV disease). Septic shock patients often have fever and altered mental status that commonly presents as a slow response to the environment. Septic shock patients are often hypoxic ( $O_2$  saturation  $< 95\%$ ) with rapid respiratory rates. In early septic shock, vital signs are often within “normal” parameters (refer to SO-M-55, Suspected Sepsis).

Approved:

A handwritten signature in blue ink, appearing to read "S. S. S.", is written over the "Approved:" label.

Reviewed: 11/16  
Final Date for Implementation: Apr 01, 2017  
OCEMS copyright © 2017