

TREATMENT:

- A. Treat per Universal Patient Care
- B. Prepare for rapid transport.
- C. Determine type of shock and treat as follows:
 - **Hypovolemic Shock:**
 1. Elevate legs.
 2. Give **NS or LR 500 ml** fluid bolus, repeat if needed if no signs of pulmonary edema.
 3. For penetrating trauma or AAA, do not fluid overload. Goal is a systolic BP of 100 mmHg.
 4. For BP <100 mmHg systolic with signs of traumatic hemorrhagic shock, if available, give **TXA 1g IV/IO** in 100 or 250 ml fluid bolus over 10 minutes if under 3 hrs since injury.
 - **Cardiogenic Shock:**
 1. Follow appropriate cardiac dysrhythmia protocol.
 2. Administer 250 ml fluid boluses if no pulmonary edema present.
 3. If unresponsive to fluid challenge, administer **Levophed or Dopamine infusion**. Increase medication infusion per protocol until systolic BP is at least 100 mmHg and signs of shock are alleviated.
 - **Distributive Shock (anaphylaxis, sepsis, neurogenic):**
 1. Give **NS or LR 500 ml** fluid bolus, repeat if needed if no signs of pulmonary edema. May repeat to a total of 1,000 ml. If shock persists consider dopamine as above.
 2. If possible, treat underlying cause.

PEDIATRIC PATIENTS:

Treat as outlined above with the exception of the following Fluid Administration guidelines:

1. Infants – 10 ml/kg.
2. Children – 20 ml/kg.
3. Maximum fluid amount in Cardiac and Obstructive shock is 20 ml/kg

NOTES & PRECAUTIONS:

- A. Closely monitor patient's respiratory status and vital signs. Avoid fluid overload.
- B. Other signs and symptoms of shock include confusion, restlessness, altered mental status, moist skin, apathy and tachycardia.
- C. Keep patient warm
- D. Notify receiving hospital ASAP

DOCUMENT:

- A. Respiratory Effort
- B. Signs & Symptoms of shock
- C. Vital signs including temp, SpO2 and CO2
- D. GCS
- E. Skin Color and Temp
- F. Cardiac Rhythm
- G. Response to treatments