Undifferentiated Shock (Adult)

CRITERIA

- This protocol is for patients who are persistently hypotensive (SBP < 90 mmHg or MAP < 65 mmHg) and symptomatic from an unclear etiology or who are persistently hypotensive despite treatment under other existing protocols
- Patients with shock due to specific reasons (e.g. trauma, cardiac, dysrhythmia, sepsis, anaphylaxis) should be treated accordingly

CFR and All Provider Levels

1. ABCs and vital signs
2. Administer oxygen
3. Control external bleeding
4. Maintain body temperature

CFR STOP

EMT

5. Obtain blood glucose level and treat as needed
6. Request ALS assistance
7. Transport

EMT STOP

Paramedic

8. Perform advanced airway management as needed
9. Begin cardiac monitoring
10. Perform, record and evaluate EKG rhythm
11. Obtain intravascular access via either large bore IV or IO
12. Administer crystalloid fluids 20 ml/kg IV
13. For patients who remain in shock after the initial 20 ml/kg IV bolus, administer one of the following to maintain SBP > 90 mmHg or MAP > 65 mmHg:
    - OPTION A: Additional crystalloid fluids 20 ml/kg IV (total fluid bolus 40 ml/kg)
    - OPTION B: Norepinephrine 2 mcg/min continuous IV infusion (maximum 20 mcg/min). Titrate as needed every 3-5 minutes
    - OPTION C: Epinephrine 10 mcg IV over 1 minute. Repeat as needed every 3-5 minutes
    - OPTION D: Dopamine 5 mcg/kg/min continuous IV infusion (maximum 20 mcg/kg/min). Titrate as needed every 3-5 minutes
14. Monitor vital signs every 2-3 minutes

Paramedic STOP

Medical Control Options

15. Administer additional dosing of any standing order medication
16. Administer Vasopressin 0.02 units/min continuous IV infusion (maximum 0.04 units/min) to maintain SBP > 90 mmHg or MAP 65 mmHg. Titrate as needed every 3-5 minutes

Key Points / Considerations

- Peri-intubation hypotension may lead to patient decompensation and/or cardiac arrest. Attempt to improve blood pressure via crystalloid fluid infusion and/or vasopressors prior to intubation
- Continuous vasopressor infusions must be administered using an IV flow regulating device or IV infusion pump