NON-TRAUMATIC SHOCK
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- SBP < 100 and signs of shock, suggestive of cardiac origin or after severe vomiting, diarrhea or signs of infection

CRITICAL INFORMATION
- Presence of rales. If rales present, see Acute Pulmonary Edema R 5

TREATMENT
- ALS RMC
- Treat dysrhythmia per protocol
- 12-lead ECG if patient has medical history and/or presenting complaints consistent with acute coronary syndrome. If positive for STEMI, see STEMI Policy.
- Give 250-500 ml. Recheck vital signs every 250 ml. May give up to two liters fluid.
- If lungs remain clear after fluid challenge and SBP remains < 100 then:
  - IV / IO infusion of **Dopamine** 400 mg/250 ml D5W (pre-mixed). Begin at 10ug/kg/min.
- Monitor blood pressure every five minutes. Aim for SBP $\geq$ 100.
- Consider placing multifunction Defib/ Pacer Pads

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>gtt/min to = 10 ug/kg/min</th>
<th>Weight (kg)</th>
<th>gtt/min to = 10 ug/kg/min</th>
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</thead>
<tbody>
<tr>
<td>35-44</td>
<td>15 gtt/min</td>
<td>85-94</td>
<td>35 gtt/min</td>
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<tr>
<td>45-59</td>
<td>20 gtt/min</td>
<td>95-109</td>
<td>40 gtt/min</td>
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<tr>
<td>60-74</td>
<td>25 gtt/min</td>
<td>110 &amp; up</td>
<td>45 gtt/min</td>
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<tr>
<td>75-84</td>
<td>30 gtt/min</td>
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SPECIAL CONSIDERATION
- Consider other causes of shock and treat as per specific protocols for the following:
- GI Bleeding
- Anaphylaxis
- Tension pneumothorax
- Vaginal hemorrhage
- Pulmonary edema
DOCUMENTATION - ESSENTIAL ELEMENTS
- 12-lead ECG finding
- Vital signs pre/post fluid boluses
- History of progression of illness

RELATED POLICIES/ PROCEDURES
- 12-lead Electrocardiogram Procedure ALS PR 12
- Destination Guideline GPC 4