NON-TRAUMATIC SHOCK
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
▪ SBP < 90 and signs of shock, i.e., ALOC, severe vomiting, diarrhea, dark tarry stools, or vaginal bleeding

 PHYSICIAN CONSULT
▪ If SBP < 80, obtain physician consult for Push-dose Epinephrine

CRITICAL INFORMATION
▪ If rales present, see Acute Pulmonary Edema R 5

TREATMENT
▪ ALS RMC; initiate two large bore IVs
▪ Give 250 ml bolus. Repeat as needed up to two liters.
▪ If SBP < 80 obtain physician consult for Push-dose Epinephrine:
  ▪ Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
  ▪ Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
  ▪ Titrate to maintain SBP >80mmHg
▪ Monitor blood pressure every five minutes

DOCUMENTATION- ESSENTIAL ELEMENTS
▪ 12-lead ECG finding
▪ Vital signs pre/post fluid boluses
▪ History of progression of illness

RELATED POLICIES/ PROCEDURES
▪ Severe Nausea/Vomiting M 5
ALLERGIC REACTION & ANAPHYLAXIS
ALS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
▪ Urticaria, wheezing or signs and/or shock after exposure to common allergens (stings, drugs, nuts, seafood, medications)

PHYSICIAN CONSULT
▪ If SBP < 80, obtain physician consult for Push-dose Epinephrine

CRITICAL INFORMATION
▪ Respiratory: wheezing, stridor, respiratory distress
▪ Skin: itching, hives, rash
▪ Symptoms indicating early shock such as nausea, weakness, anxiety
▪ Past history of severe allergic reactions and hospitalizations

TREATMENT
▪ Mild: hives, rash
  ▪ ALS RMC
  ▪ Benadryl 50 mg IM/IV
▪ Moderate: hives, rash, mild bronchospasm/wheezes, normotensive
  ▪ ALS RMC
  ▪ Benadryl 50 mg IM/IV
  ▪ Epinephrine 0.3mg IM (1mg/ml concentration); MR x 1 in 5 minutes
  ▪ Albuterol 5 mg/6 ml NS via HHN, if indicated for respiratory symptoms
▪ Severe (Anaphylaxis)
  ▪ ALS RMC
  ▪ Treat dysrhythmias per appropriate protocol
  ▪ High flow O2; advanced airway as needed
  ▪ Epinephrine 0.3mg IM (1mg/ml concentration); MR x 1 in 5 minutes
  ▪ Large bore IV and fluid challenge 250-500 ml; MR
  ▪ If SBP < 80 obtain physician consult for Push-dose Epinephrine:
    ▪ Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
    ▪ Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
    ▪ Titrate to maintain SBP >80mmHg
    ▪ Monitor blood pressure every five minutes
  ▪ If unresponsive/no palpable BP/no palpable pulse: go to Cardiac Arrest Policy, GPC
  ▪ Albuterol 5 mg/6ml NS via HHN, repeat if indicated
  ▪ Benadryl 50 mg IV/O/IM
  ▪ If hypotension persists after two fluid challenges. Monitor BP every five (5) minutes.

SPECIAL CONSIDERATION
▪ Epinephrine may cause anxiety, tremors, palpitations, tachycardia, and headache in the elderly (>50yrs), and may precipitate AMI, hypertensive crisis and dysrhythmias.
▪ Edema of any of the soft structures of the upper airway may be lethal. Frequently assess and prepare for early intubation.

DOCUMENTATION- ESSENTIAL ELEMENTS
▪ Pulse oximetry
▪ Level of distress (mild, moderate, severe) & associated respiratory distress findings
POISONS/DRUGS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Exposure to one or more toxic substances (ingestion, inhalation, or skin contact)

CRITICAL INFORMATION
- Avoid contamination of prehospital personnel
- Identify substance/drug if possible and amount ingested
- Time of ingestion and length of exposure
- Risk of exposure to field providers; additional respiratory protection may be needed
- Alert receiving facility of possible HAZMAT exposure

TREATMENT
- ALS RMC
- Consider contacting Poison Control Center at 1(800) 404-4646 for additional information. If information from Poison Control is outside of scope of practice, contact the intended receiving facility for consult.
- If level of consciousness diminishes, protect airway.
- If skin or eye exposure, decontaminate patient, remove clothing, wash skin, continuous irrigation of eyes
- Hydrocarbons or Petroleum distillates (kerosene, gasoline, lighter fluid, furniture polish):
  - Do not induce vomiting.
  - Transport immediately.
- Caustic/Corrosives (Ingestion of substances causing intra-oral burns, painful swallowing or inability to handle secretions):
  - Do not induce vomiting
- Insecticides (organophosphates, carbonates; can cause cholinergic crisis characterized by bradycardia, increased salivation, lacrimation, sweating, muscle fasciculation, abdominal cramping, pinpoint pupils, incoherence or coma):
  - Atropine 2 mg IV slowly. Repeat 2-5 minutes until drying of secretions, reversal of bronchospasm and reversal of bradycardia. Maximum dose 10 mg.
  - If seizures, Midazolam (Versed) 1 mg IV slowly; MR in 3 minutes to maximum dose 0.05 mg/kg
    - For IN:  5 mg (2.5mg in each nostril)
    - For IM:  0.1mg/kg; MR x 1 in 10 minutes
- Cyclic Antidepressants (frequently associated with respiratory depression, almost always tachycardic, widened QRS and ventricular arrhythmias generally indicate life-threatening ingestions).
  - In the presence of life-threatening dysrhythmias (hemodynamically significant supraventricular rhythms, ventricular dysrhythmias or QRS > 0.10):
    - Hyperventilate if assisting ventilations or if intubated
  - Sodium bicarbonate 1 mEq/kg IVP
    - If seizures, Midazolam (Versed) 1 mg IV slowly; MR in 3 minutes to maximum dose 0.05 mg/kg
      - For IN:  5 mg (2.5 mg in each nostril)
      - For IM:  0.1mg/kg; MR x 1 in 10 minutes
- Phenothiazine reactions (restlessness, muscle spasms of the neck, jaw, and back; oculogyric crisis, history of ingestion of phenothiazine, or unknown medication), give Benadryl 1mg/kg slow IVP to max of 50 mg.

DOCUMENTATION - ESSENTIAL ELEMENTS
- Obtain history of ingestion, substance, amount and time of ingestion, bring sample to hospital if possible
- Vomiting prior to ED arrival

RELATED POLICIES/PROCEDURES
- Seizures N2
SEVERE NAUSEA/VOMITING
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
▪ Severe nausea
▪ Intractable vomiting
▪ Patients ≥ 4 years of age
▪ Motion sickness

CRITICAL INFORMATION
▪ Contraindicated in patients with known sensitivity to Ondansetron or other 5-HT3 antagonists:
  ▪ Granisetron (Kytril)
  ▪ Dolasetron (Anzemet)
  ▪ Palonosetron (Aloxi)

TREATMENT
▪ ALS RMC
▪ Ondansetron (Zofran ®) 4 mg ODT/IM or slow IV over 30 seconds; MR x 1 in 10 min
▪ If nausea due to motion sickness, may also consider Benadryl 1mg/kg IM/IV to maximum dose of 50 mg; maximum IV rate is 25 mg/minute

DOCUMENTATION- ESSENTIAL ELEMENTS
▪ Need for antiemetic therapy
SEPSIS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
Documented or suspected infection with at least TWO of the following:
▪ HR > 90
▪ RR > 20
▪ SBP < 90
▪ Temperature >100.4 or <96
▪ AND
  ▪ ETCO2 ≤ 25 mmHG

🚨 PHYSICIAN CONSULT
▪ If SBP < 80, obtain physician consult for Push-dose Epinephrine

CRITICAL INFORMATION
If rales present, see Acute Pulmonary Edema R5

TREATMENT
▪ ALS RMC
▪ ETCO2
▪ If patient meets above criteria, provide Sepsis Notification
  ▪ Two large bore IVs or IOs (only one may be in antecubital fossa)
  ▪ Administer 20cc/kg fluid bolus. May give up to two liters fluid.
▪ 🚨 If SBP < 80 obtain physician consult for Push-dose Epinephrine:
  ▪ Mix 1mL Epinephrine (0.1mg/mL concentration) with 9mL Normal Saline in a 10mL syringe
  ▪ Administer Push-dose Epinephrine 1mL IV/IO every 3-5 minutes
  ▪ Titrate to maintain SBP >80mmHg
  ▪ Monitor blood pressure every five minutes

SPECIAL CONSIDERATION
▪ Consider other causes of shock and treat as per specific protocols

DOCUMENTATION- ESSENTIAL ELEMENTS
▪ Suspected infection
▪ History of progression of illness
▪ Full set of VS including temperature and ETCO2