Shock

History
• Blood loss (amount?)
• Fluid loss (vomiting, diarrhea or fever)
• Infection (e.g., UTI, cellulitis, etc.)
• Cardiac ischemia (MI or CHF)
• Medications
• Allergic reaction
• Pregnancy
• History of poor oral intake

Signs and Symptoms
• Restlessness or confusion
• Weakness or dizziness
• Weak, rapid pulse
• Pale, cool, clammy skin signs
• Delayed capillary refill
• Hypotension
• Coffee-ground emesis
• Tarry stools

Differential
• Shock (hypovolemic, cardiogenic, septic, neurogenic or anaphylaxis)
• Ectopic pregnancy
• Cardiac dysrhythmias
• Pulmonary embolus
• Tension pneumothorax
• Medication effect or overdose
• Vasovagal effect
• Physiologic (pregnancy)

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WAS TRAUMA INVOLVED?
Yes
• Trauma

Consider hypovolemic (dehydration or GI bleed), cardiogenic (STEMI or CHF), distributive (sepsis or anaphylaxis), and obstructive (PE or cardiac tamponade) shock

No
• Anaphylaxis

If systolic BP < 90
Normal Saline bolus 500ml IV/IO
Maximum 2L
If unresponsive to IV fluids, Dopamine

Notify receiving facility.
Consider Base Hospital for medical direction

Apply Oxygen to maintain goal SpO₂ > 92%

Blood glucose analysis
Cardiac monitor
IV/IO procedure
12-Lead ECG
EtCO₂ monitoring

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Effective November 2018

Treatment Protocol A33
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Effective April 2022
Pearls

- Hypotension can be defined as a systolic blood pressure of less than 90mmHg. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.
- Shock is often present with normal vital signs and may develop insidiously. Tachycardia may be the only manifestation.
- Beta blockers and other blood pressure medications can mask tachycardia and skin signs.
- For patients with suspected cardiogenic shock who are not responsive to an initial fluid bolus, limit additional IV fluids and avoid Dopamine. Contact Base Hospital for medical direction.
- Consider all causes of shock and treat per appropriate Treatment Protocol.
- Hypovolemic shock:
  - Hemorrhage, trauma, GI bleeding, ruptured abdominal aortic aneurysm (AAA), or pregnancy-related bleeding.
  - For suspected AAA, consider immediate transport to the closest trauma center.
- Cardiogenic shock:
  - Heart failure, MI, cardiomyopathy, myocardial contusion, ruptured ventricle/septum valve or toxins.
- Distributive shock:
  - Sepsis, anaphylactic, neurogenic, or toxins.
  - Neurogenic shock generally presents with warm, dry, and pink skin with normal capillary refill time; patient typically alert.
- Obstructive shock:
  - Pericardial tamponade, pulmonary embolus (PE), or tension pneumothorax.
  - Signs may include hypotension with distended neck veins, tachycardia, unilateral decreased breath sounds or muffled heart tones.