



SHOCK

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BLS

- O<sub>2</sub> saturation
- O<sub>2</sub> and/or ventilate PRN
- Control obvious external bleeding
- Treat associated injuries
- NPO, anticipate vomiting
- Remove transdermal patch
- Keep patient warm

ALS

- Monitor/ECG
- IV/IO <sup>A</sup>
- Capnography

**Non-traumatic, hypovolemic shock\***

- 500 mL fluid bolus IV/IO, MR to maintain SBP  $\geq$ 90 mmHg <sup>A</sup>

SBP <90 mmHg after second fluid bolus

- Push-dose epinephrine 1:100,000 (0.01 mg/mL)  
1 mL IV/IO, MR q3 min, titrate to SBP  $\geq$ 90 mmHg

**Distributive shock<sup>†</sup>**

- 500 mL fluid bolus IV/IO, MR to maintain SBP  $\geq$ 90 mmHg <sup>A</sup>

SBP <90 mmHg after second fluid bolus

- Push-dose epinephrine 1:100,000 (0.01 mg/mL)  
1 mL IV/IO, MR q3 min, titrate to SBP  $\geq$ 90 mmHg

**Push-dose epinephrine mixing instructions**

1. Remove 1 mL normal saline (NS) from the 10 mL NS syringe
2. Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe

The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

\* If suspected AAA, fluid boluses to maintain SBP  $\geq$ 80 mmHg. Treat per Abdominal Discomfort / GI / GU (Non-Traumatic) Protocol (S-120).

<sup>†</sup> Distributive shock includes neurogenic; drug and toxin-induced; and endocrine shock.