**Subject:** Treatment Protocol - Shock

**Date:** 07/01/2015

### BLS
- O₂ Saturation prn
- O₂ and/or ventilate prn
- Control obvious external bleeding
- Treat associated injuries
- NPO, anticipate vomiting
- Remove any transdermal patch

### ALS
- Monitor EKG
- IV/IO SO
- Capnography SO prn

**Shock (suspected cardiac etiology):**
- 250 ml fluid bolus IV/IO without rales SO.
  MR x1 to maintain BP >90 SO

**If BP refractory to second fluid bolus:**
- Dopamine 400 mg/250 ml @ 10-40 mcg/kg/min IV/IO drip. Titrate BP >90 BHO

**Shock Hypovolemic (Non-traumatic):**
- 500 ml fluid bolus IV/IO SO, MR to maintain BP >90 SO

**Shock Hypovolemic (suspected AAA):**
- 500 ml fluid bolus IV/IO SO, MR to maintain BP >80 SO

**Shock (suspected Anaphylactic, Neurogenic):**
- 500 ml fluid bolus IV/IO SO, MR to maintain BP >90 SO

**If BP refractory to fluid boluses:**
- Dopamine 400 mg/250 ml @ 10-40 mcg/kg/min IV/IO drip. Titrate BP >90 BHO

**Shock (Sepsis):**
- Treat as per Sepsis Protocol (S-143)