

Subject: Treatment Gridlines – ALS
Non-Traumatic Shock

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Identify signs of shock
 - C. If pulse <50 or >150, consider possible causes and first establish if the dysrhythmia is the cause of signs and symptoms before treating dysrhythmias.
 - D. Do not delay transport.

- II. Shock (Non-Traumatic) Shock without Pulmonary Edema:
 1. If Anaphylaxis is suspected go to Policy # 6522
 2. If Trauma is suspected go to Policy # 6541
 3. If Sepsis is suspected go to Policy # 6501
 4. If Shock with Pulmonary Edema go to Policy # 6531
 - A. Patient displays signs and symptoms of shock with dry lung sounds and flat neck veins.
 1. The following may be present:
 - a. Poor skin turgor.
 - b. History of GI bleeding.
 - c. Vomiting.
 - d. Diarrhea.
 2. Ensure a patent airway.
 3. Oxygen per Policy # 6030. Be prepared to support ventilations using appropriate airway adjuncts.
 4. Shock position, if tolerated.
 5. Cardiac monitor - treat dysrhythmias per specific treatment guideline.
 6. Pulse oxymetry.
 7. Consider early transport.
 8. IV/IO access – Establish IO/IV enroute, 250-500cc fluid challenge, re-check vital signs every 250cc or every five (5) minutes. The pediatric patient should receive fluid boluses in 20cc/kg increments, with re-evaluation between boluses.
 9. Contact base hospital.
 10. Keep patient warm; large volumes of IV fluid may cause hypothermia.
 11. Determine Blood Glucose. Administer Dextrose with confirmed hypoglycemia.

Subject: Treatment Gridlines –
Non-Traumatic Shock

12. If despite adequate fluid resuscitation blood pressure remains < 90 consider Dose Push Epinephrine, Epinephrine Drip per Policy # 5307 or a Dopamine infusion per Policy # 5408.

Approved:  Date: 1-10-20

Approved as to Form:  Date: 1-9-20