

SHOCK

1. The Shock Syndrome is defined as inadequate tissue perfusion. Signs and symptoms in adults may include, but are not limited to:
 - a. Pulse over 120 with a systolic BP less than 90 or narrowed pulse pressure less than 20
 - b. Skin cold and clammy (may be absent in early septic shock)
 - c. Mental status: confusion, restlessness, anxiety, and lethargy

2. Classification of Shock: Shock may be classified as either a rate, volume, or pump problem.
 - a. Rate: Refer to bradycardia or tachycardia protocol.
 - b. Volume:
 - i. Maintain ABC's
 - ii. Cardiac **Monitor**
 - iii. Keep patient warm
 - iv. Consider trendelenburg
 - v. Two large bore **I.V.**'s, **fluid challenge**, may repeat as needed (500cc adult, 20cc/kg for pediatric, may repeat 3 times)
 - vi. **Contact Medical Control**
 - vii. Rapid transport to closest appropriate hospital
 - c. Pump:
 - i. Maintain ABC's
 - ii. Cardiac **Monitor**
 - iii. Keep patient warm
 - iv. Two large bore **I.V.**'s, TKO
 - v. Be prepared to intervene in the following ways
 1. **Fluid challenge**
 2. **Epinephrine**
 - vi. **Contact Medical Control**
 - vii. Rapid transport to closest appropriate hospital

3. Medical Control Options:
 - i. **Fluid challenge 500cc LR, or .9 NS IV (pediatric dose: 20cc/kg up to 500cc)**
 - ii. With severe hypotension use **Epinephrine** 1:1000 drip. Mix to achieve 4mcg/ml (ratio 2mg/500ml) concentration, administer with 60ggt/ml chamber set. Usual range 2 – 10 mcgs/minute titrated to raise the systolic blood pressure to 70 – 100 mm Hg.
 - iii. **Needle aspiration** of tension pneumothorax if present in obstructive shock