



**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**  
**BASE HOSPITAL TREATMENT GUIDELINES**  
**SHOCK (SYMPTOMATIC HYPOTENSION) ADULT/ADOLESCENT**

#: BH-M-45

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Date: 04/01/13

**BASE GUIDELINES**

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Symptomatic hypotension/shock is manifested by low blood pressure ( $\leq 90$  systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
3. There are multiple causes for shock, most common in the field is hypovolemia but consider anaphylaxis and cardiac failure.
4. If no response with blood pressure or perfusion improvement with Normal Saline bolus infusions or signs of congestive heart failure (pulmonary rales):
  - ▶ Dopamine 400 mg/250 mL Normal Saline, titrate between 5 mcg/kg/min to 20 mcg/kg/min (see dosing reference sheet) to maintain systolic blood pressure above 90 systolic.

**ALS STANDING ORDER**

1. Pulse oximetry; if oxygen saturation less than 95% provide:
  - ▶ *High-flow oxygen by mask as tolerated.*
2. Establish venous access:
  - ▶ *IV access (if unresponsive to voice and tactile stimuli consider IO if peripheral IV cannot be established).*
3. For signs of poor perfusion (poor skin signs, altered mental status, weak pulses) and if lungs clear to auscultation (no evidence CHF):
  - ▶ *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
4. If rales noted on lung auscultation, suspect cardiogenic shock and contact Base Hospital for further orders.
5. Assess for "Acute MI":
  - ▶ 12-lead ECG if chest pain or shortness of breath; if "Acute MI" indicated on ECG, contact Base Hospital for CVRC destination.
6. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved: