

**SAGINAW VALLEY
MEDICAL CONTROL AUTHORITY
PRACTICE PARAMETER**

SHOCK

- I. Assessment**
- A. Consider multiple etiologies of shock (hypovolemic, neurogenic, septic and cardiogenic).

FIRST RESPONDER

- II. General Management**
- A. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- B. Control major bleeding
- C. Obtain vital signs (blood pressure, pulse and respiratory rate).
- D. Position patient
1. Left lateral recumbent if 3rd trimester pregnancy.
 2. Elevate legs 10-12 inches.

BASIC LIFE SUPPORT

- E. Arrange for ALS intercept.
- F. Immediate load and transport toward ALS intercept, if transporting unit.

NOTIFY RECEIVING FACILITY

ADVANCED LIFE SUPPORT

- G. IV NORMAL SALINE
1. Large bore catheter at least 18g
 2. **UNLESS PATIENT IS IN PULMONARY EDEMA**, Run wide open until BP is 90-100 mmHg systolic or 1500cc infused, then maintain flow at 100cc per hour.
- H. Consider second large bore IV NORMAL SALINE enroute to the hospital.

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I. Monitor EKG

CONTACT MEDICAL CONTROL

- J. Possible orders post radio contact
1. Additional IV fluids.
 2. Consider DOPAMINE IV Drip 400mg/250cc (1600mcg/1ml) begin at 5mcg/kg/min titrated up to 20 mcg/kg/min to maintain BP of 90mmHg for non-hypovolemic shock.

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Medical Director

Michelle R. Mara RN, EMT-P

EMS Manager