

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8038.15
	<u>PROGRAM DOCUMENT:</u> Shock	Initial Date:	03/01/92
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Signature on File

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EMS Medical Director

EMS Administrator

Purpose:

- A. To establish the treatment standard for patients with signs and symptoms of shock (hypoperfusion).

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Notes:

- A. Shock exists any time there is inadequate perfusion of tissues to meet the metabolic demands of the body. Signs of shock include cool and/or moist skin, tachycardia, decreased sensorium, and generally low systolic blood pressure (SBP) of less than 90 mmHg.
- B. The evaluation of a patient in shock must include a search for its cause from one of the forms of shock:
 - 1. Hypovolemic
 - 2. Hemorrhagic
 - 3. Cardiogenic
 - 4. Neurologic
 - 5. **Insulin Shock**
 - 6. Anaphylactic
 - 7. Septic
- C. In addition to the fluid resuscitation and transport noted below, treat any underlying cause as dictated by protocol.

Protocol:

BLS
<ol style="list-style-type: none">1. ABC's/ Routine Care- Supplemental O₂ as necessary to maintain SPO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible.2. Airway adjuncts as needed.3. Warming measures, except with suspected fever.4. Spinal immobilization (SMR) if necessary by protocol.5. Control external bleeding.6. Immobilize associated fractures (without delaying transport-may be done enroute)7. Prepare for Immediate transport. Do not delay at the scene except in special circumstances, i.e. prolonged extrication.
ALS
<ol style="list-style-type: none">1. Establish vascular access with normal saline, and titrate to an SBP ≥ 90 mmHg.2. Cardiac Monitoring.3. Treat any underlying cause per policy as appropriate.4. In patients with severe hypotension refractory to fluid bolus Consider Push-Dose Epi 1 ml (10 mcg) IV/IO every 3 min Titrate to SBP > 90

Cross Reference: PD# 8001 – Allergic Reaction/Anaphylaxis
PD# 8002 – Diabetic Emergencies
PD# 8003 – Seizures
PD# 8004 – Suspected Narcotic Overdose
PD# 8015 – Trauma
PD# 8018 – Overdose and/or Poison Ingestion
PD# 8024 – Cardiac Dysrhythmias
PD# 8025 – Burns
PD# 8026 – Respiratory Distress
PD# 8044 – Spinal Motion Restrictions (SMR)
PD# 8065 – Hemorrhage
PD# 8067 – Sepsis/Septic Shock