

SECTION: M-03

PROTOCOL TITLE: Adult Hypotension and Shock

REVISED: NOVEMBER 01, 2019

GENERAL COMMENTS: *Hypotension is defined as a symptomatic blood pressure less than 90 mm/Hg. This protocol includes shock and hypotension from a myriad of causes. Follow a more specific protocol if appropriate (i.e. dehydration or allergic reaction). Fluid administration should be performed with caution in CHF patents.*

BLS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

AEMT/OM CARE: *See Adult General Medical Care Protocol M-01*

ALS SPECIFIC CARE: *See Adult General Medical Care Protocol M-01*

- Assess and treat underlying cause of shock, if known
- Administer fluid bolus
 - IV/IO :500 ml
 - Repeat as necessary for persistent hypotension to a maximum of 2 liters
 - *Caution!* Avoid repeat fluid boluses in cases of suspected cardiogenic shock with rales present

Vasopressors: Titrated to maintain adequate HR, MAP>65 or SBP >100. A provider must choose the most appropriate vasopressor for the situation.

- Epinephrine
 - **IV/IO Infusion:** 0.1-1 mcg/kg/min
 - First line agent for treatment of persistent hypotension during anaphylactic shock
- Nor Epinephrine
 - **IV/IO Infusion:** IV/IO: 0.01- 2 mcg/kg/min
 - Start at 0.1 mcg/kg/min
- Dopamine
 - **IV/IO Infusion:** 2-20 mcg/kg/min
 - Start at 5 mcg/kg/min

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ADULT HYPOTENSION / SHOCK

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