

SECTION: M-03

PROTOCOL TITLE: Adult Hypotension and Shock

REVISED: 01MAY2018

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 200 – 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

- Dopamine
 - **IV/IO Infusion:** 2-20 mcg/kg/min, titrated to maintain a systolic BP greater than 90 mm Hg
 - Refer to the “Dopamine Infusion Matrix” in the SWO Drug Appendix (contained within the dopamine hydrochloride profile)
- Epinephrine
 - **IV/IO Infusion:** 2-10 mcg/min, titrated to adequate HR and BP response
 - First line agent for treatment of persistent hypotension during anaphylactic shock
 - Second line agent if patient unresponsive to dopamine
 - See “Epinephrine Infusion Matrix” in the SWO Drug Appendix (contained within the epinephrine profile)

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ADULT HYPOTENSION/SOCK