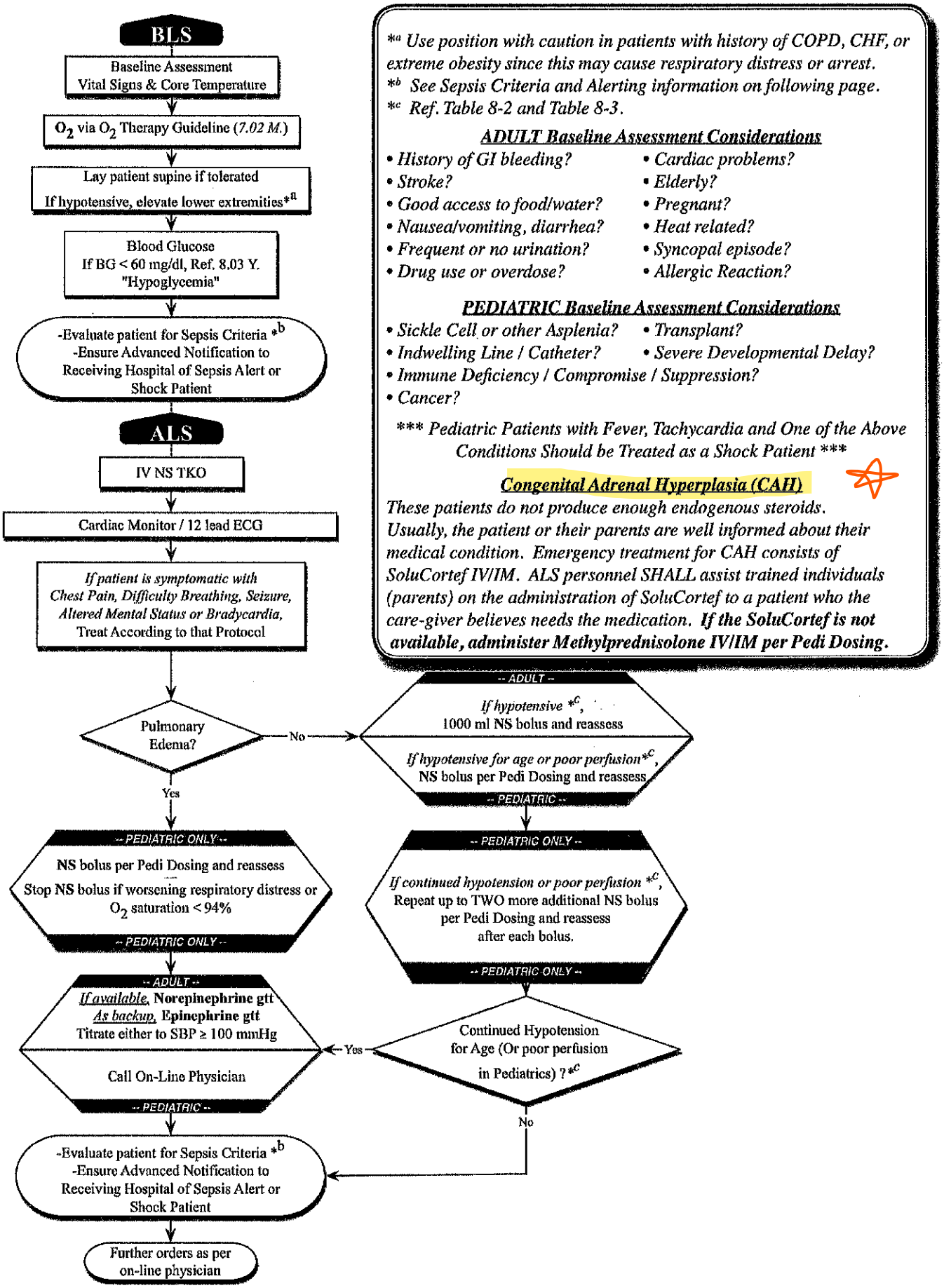
HOUSTON FIRE DEPARTMENT

PATIENT CARE GUIDELINES AND STANDING ORDERS FOR BLS AND ALS UNITS

REFERENCE NO. III-01

8.03 EE. Shock (Not Traumatic/Suspected Aortic Aneurysm) / Sepsis



*a *Use position with caution in patients with history of COPD, CHF, or extreme obesity since this may cause respiratory distress or arrest.*

*b *See Sepsis Criteria and Alerting information on following page.*

*c *Ref. Table 8-2 and Table 8-3.*

ADULT Baseline Assessment Considerations

- *History of GI bleeding?*
- *Stroke?*
- *Good access to food/water?*
- *Nausea/vomiting, diarrhea?*
- *Frequent or no urination?*
- *Drug use or overdose?*
- *Cardiac problems?*
- *Elderly?*
- *Pregnant?*
- *Heat related?*
- *Syncopal episode?*
- *Allergic Reaction?*

PEDIATRIC Baseline Assessment Considerations

- *Sickle Cell or other Asplenia?*
- *Indwelling Line / Catheter?*
- *Immune Deficiency / Compromise / Suppression?*
- *Cancer?*
- *Transplant?*
- *Severe Developmental Delay?*

*** *Pediatric Patients with Fever, Tachycardia and One of the Above Conditions Should be Treated as a Shock Patient* ***

Congenital Adrenal Hyperplasia (CAH)

These patients do not produce enough endogenous steroids. Usually, the patient or their parents are well informed about their medical condition. Emergency treatment for CAH consists of SoluCortef IV/IM. ALS personnel SHALL assist trained individuals (parents) on the administration of SoluCortef to a patient who the care-giver believes needs the medication. ***If the SoluCortef is not available, administer Methylprednisolone IV/IM per Pedi Dosing.***