GD-097-PHS-EMS

Triage, Treatment and Transport Guidelines (T3G)

As Recommended by the Bureau of EMS and Trauma System

ADHS

PREPAREDNESS

Arizona Department of Health Services

Updated and approved by MDC May 18, 2023.

Shock: Adult & Pediatric

TOC

For shock due to potential trauma, refer to **General Trauma Management** section guidelines. For shock due to anaphylaxis, refer to **Anaphylaxis and Allergic Reaction**.

Shock can present as:

- Tachycardia out of proportion to temperature
- Delayed/flash capillary refill >2 seconds
- Decreased urine output
- Hypotension for age, refer to **Abnormal Vital Signs**
- Cool/mottled or flushed/ruddy skin
- Altered mental status
- Hypoxia
- Tachypnea
- Weak, decreased or bounding pulses

EMT

- Initiate **Universal Care**.
- Acquire blood glucose level. Treat per **Hypoglycemia** or **Hyperglycemia** as indicated.
- If pregnant, place in left lateral recumbent position.
- Obtain waveform capnography (ETCO2) and SPO2 as indicated. (ETCO2 is STR for EMT)
- IV access and initiate IV fluids as indicated. (STR for EMT)
- Acquire and transmit 12 lead ECG as indicated.
- Administer 30 mL/kg, IV fluid bolus rapidly. (STR for EMT)
- Administer in 10 ml/kg increments reassessing in between boluses, discontinue if vital signs / perfusion normalizes, patient develops rales/crackles or respiratory distress. (STR for EMT)
- Reassess after each IV fluid bolus.

AEMT

- IO access as indicated.

EMT-I/Paramedic

- For shock unresponsive to IV fluids, or cardiogenic shock with signs of fluid overload, consider vasopressors, refer to drip calculations to maintain MAP > 65 or systolic greater than 90:
  - **Push Dose Epi**: 10-20 mcg boluses (1-2 mL) every 2 minutes (push dose instructions below)
  - **Epinephrine gtt:** 0.05-0.3 mcg/kg/min IV/IO
  - **Norepinephrine:** (Paramedic Only) (Pump Only) 0.05-0.5 mcg/kg/min IV/IO
  - **Dopamine:** (Paramedic Only) 2-20 mcg/kg/min IV/IO
- If unresponsive to IV fluids, call for online medical direction.

Epinephrine (push dose) preparation: mix 1 mL of 0.1 mg/mL (CARDIAC) epinephrine with 9 mL of NS. This results in 10 mcg/mL concentration.

- If history of adrenal insufficiency (congenital adrenal hyperplasia, daily steroid use): **Methylprednisolone:** 2 mg/kg IV/IO, max 125 mg.
- Dexamethasone is not indicated for adrenal insufficiency.