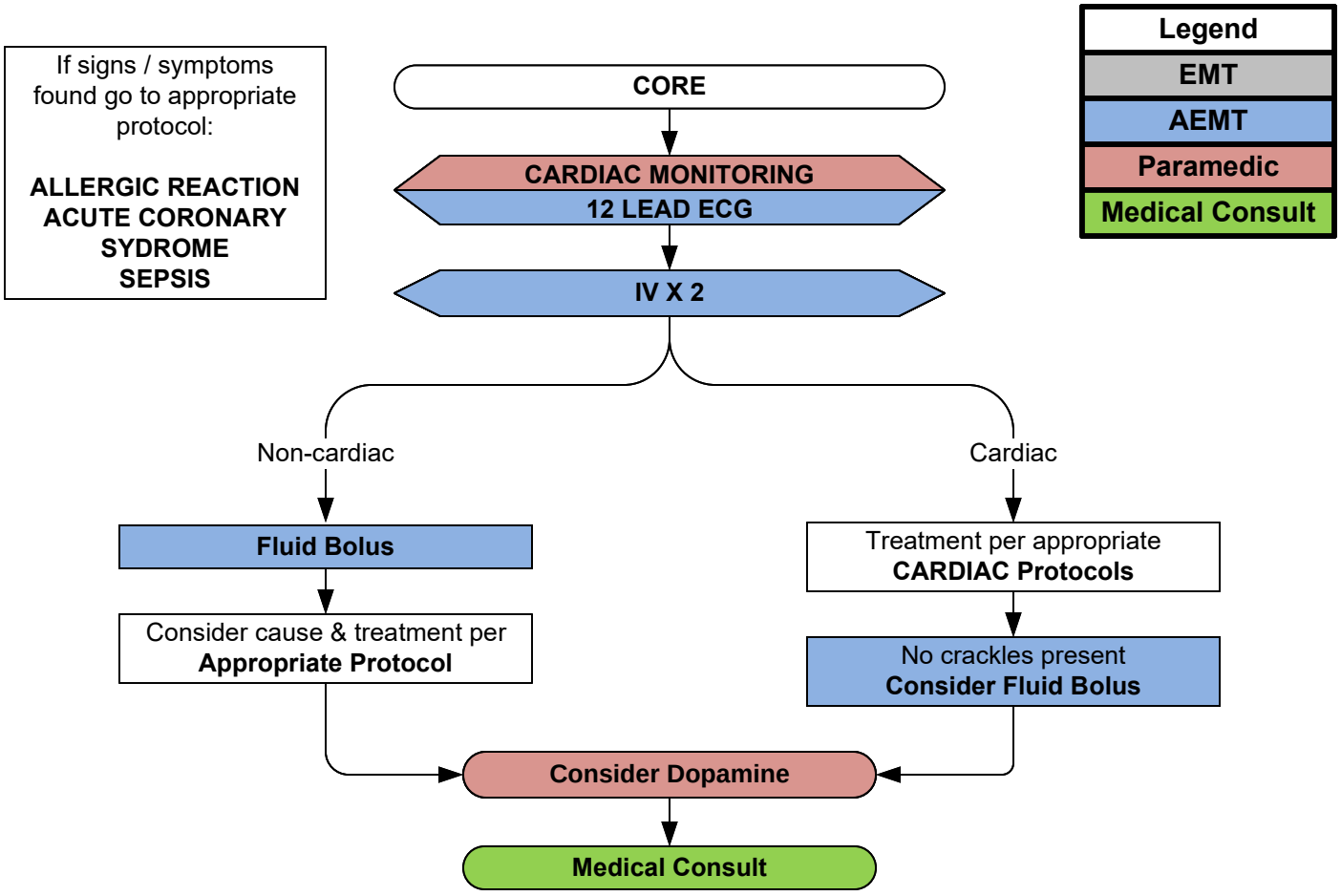
SHOCK - MEDICAL

History:	Signs and Symptoms:	Differential:
○ Blood loss (quantify) - vaginal or gastrointestinal bleeding, AAA, ectopic pregnancy ○ Fluid loss - vomiting, diarrhea ○ Infection / fever ○ Cardiac ischemia (MI, CHF), chest pain ○ Allergic reaction ○ Pregnancy ○ SAMPLE	○ Restlessness, confusion ○ Weakness, dizziness ○ Weak, rapid pulse ○ Pale, cool, clammy skin ○ Delayed capillary refill ○ Hypotension – SBP <90 mmHg ○ Coffee-ground emesis ○ Tarry stools	○ Shock ○ Hypovolemic ○ Cardiogenic ○ Septic ○ Neurogenic ○ Anaphylactic ○ Ectopic pregnancy ○ Dysrhythmias ○ Pulmonary embolus ○ Tension pneumothorax ○ Medication effect / overdose ○ Vasovagal ○ Physiologic (pregnancy)



Pearls:

- Shock is defined as decreased effective circulation with inadequate delivery of oxygen to tissues. See Signs and Symptoms section above.
- Hypotension will be defined as a systolic blood pressure of less than 90 mmHg.
- Passive leg raising (PLR) may be helpful addressing hypotension and should be considered prior to fluid bolus. PLR is straight passive elevation of both legs above cardiac level with patient in a supine position.
- When not contraindicated, consider dopamine after 1000 ml bolus of normal saline.
- Consider performing orthostatic vital signs on patients in non-trauma situations if suspected blood or fluid loss.
- In cases of suspected right sided heart failure, contact medical control for fluid orders.
- Septic shock is typically accompanied by fever. See **SEPSIS Protocol**.
- In the event that Dopamine is unavailable, Push Dose Epinephrine may be used.