Non-Traumatic Shock
Adult & Pediatric

Recognize Compensated Shock - Adult:
- Anxiety
- Tachycardia
- Tachypnea
- Diaphoresis

Recognize Compensated Shock - Pediatric:
- Delayed capillary refill
- Decreased or bounding peripheral pulses
- Palpable central pulse, decreased distal pulse
- Cool extremities
- Altered mental status
- Mild tachypnea

Medical Protocol 2.19
Non-Traumatic Shock
Adult & Pediatric

SHOCK
Inadequate tissue perfusion that impairs cellular metabolism

Trauma Involved?
NO
YES
See Shock – Traumatic Protocol 4.4

EMT STANDING ORDERS - ADULT & PEDIATRIC:
- Obtain finger stick lactate level (if available and trained)
  - \( \text{ETCO}_2 < 25 \text{ mmHg OR lactate} > 2 \text{ mmol/L} \) may indicate poor perfusion/shock

ADVANCED EMT STANDING ORDERS – ADULT & PEDIATRIC
- ADULT: Administer 0.9% NaCl in 250 mL boluses to return the patient to a coherent mental status or palpable radial pulse, not to exceed 2000 mL without consultation with Medical Control.
- PEDIATRIC: Administer fluid bolus of 20 mL/kg of 0.9% NaCl by syringe push method (may repeat to a maximum 60 mL/kg) to improve clinical condition (capillary refill time ≤ 2 seconds, equal peripheral and distal pulses, improved mental status, normal breathing.

PARAMEDIC STANDING ORDERS – ADULT & PEDIATRIC
ADULT: If there is no adequate hemodynamic response after 2,000 mL IV fluid infused consider:
- Norepinephrine infusion 1 – 30 microgram/minute (preferred) via pump, OR
- Epinephrine infusion 2 – 10 micrograms/minute, via pump.

PEDIATRIC: If there is no adequate hemodynamic response after 60 mL/kg IV fluid infused contact Medical Control.

Primary pump failure
Decreased cardiac output

CARDIOGENIC SHOCK
- Norepinephrine infusion 1 – 30 microgram/minute (preferred) via pump, OR
- Epinephrine infusion 2 – 10 micrograms/minute, via pump
  *For pediatric cardiogenic shock administer fluid bolus of 10mL/kg of 0.9% saline by syringe push method. Repeat bolus per Medical Control.

DISTRIBUTIVE SHOCK
Known history of AI or recent illness, see Adrenal Insufficiency Protocol 2.1
Systemic response to an allergen, see Anaphylaxis/Allergic Reaction Protocol 2.2A&P
Overwhelming response to an infection, see Sepsis Protocol 2.18 A&P

HYPOVOLEMIC SHOCK
Insufficient circulating volume.

Abdominal pain with vaginal bleeding see Obstetric Protocol 2.14.
Nausea and vomiting see Nausea Vomiting Protocol 2.11.
For GI bleeding see Abdominal Pain Protocol 2.0.
Heat exposure, see Hyperthermia Protocol 2.8.

OBSTRUCTIVE SHOCK
Obstruction of blood flow outside the heart
For cardiac tamponade, rapid transport, treat arrhythmias per Cardiac Protocols 3.0 – 3.6.
For pulmonary embolism: rapid transport and see Airway Management Protocol 5.0.

He New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols, policies, or procedures MAY NOT BE altered or modified.

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