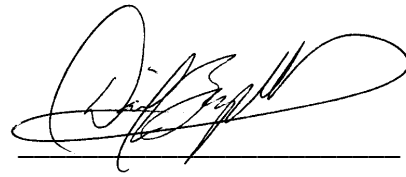


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

### BLS Shock Non – Traumatic

#### INFORMATION NEEDED:

- Patient History
  - Onset of symptoms and duration, fluid loss (nausea, emesis, diarrhea, diuretics), fever infection, trauma, medication or substance ingestion, allergic reaction, past history of cardiac disease, abnormal EKG or internal bleeding disorder.

#### OBJECTIVE FINDINGS:

- Compensating patients:
  - Anxiety, agitation, restlessness, tachycardia, normal blood pressure, normal or delayed capillary refill, signs and symptoms of mild or moderate anaphylaxis.
- Decompensating patients:
  - Decreased level of consciousness, bradycardia or decreasing heart rate, hypotension, cyanosis, delayed capillary refill, inequality of central and distal pulses.

#### TREATMENT

1. ABC's
2. Place the patient in shock position face up with legs elevated 12 – 18 inches. May be modified per patient.
3. Oxygen 10 – 15L/min via non-rebreather mask. Patient's with ineffective respirations: support with ventilations via BVM.
4. Give patient nothing by mouth
5. Keep patient warm
6. Routine medical care

#### **Consider Cause**

**ANAPHYLACTIC**- Severe allergic reaction- refer to Allergic reaction Protocol.

**SEPTIC**- Overwhelming Infection- Refer to Sepsis Protocol

**HYPOVOLEMIC**- Decreased circulating volume due to blood or fluid loss. i.e. Trauma, anticoagulants, history of GI or vaginal bleeding, ectopic pregnancy, vomiting, diarrhea

**CARDIOGENIC**- Circulatory Failure is due to inadequate cardiac function, i.e. Acute MI, CHF, congenital defect

**NEUROGENIC**- Loss of sympathetic tone causing decrease in peripheral vascular resistance. Occurs in head and spinal cord injuries.

**PROTOCOL PROCEDURE:** Flow of protocol presumes patient is in shock or that the patient is compensating for impending shock. Rapid transport and procedures en route is a standard.