

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8038.11
	<u>PROGRAM DOCUMENT:</u> Shock- NEW FORMAT	Draft Date:	03/01/92
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		Review:	05/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for Sacramento County Emergency Medical Technicians (EMT) and Paramedics in treating patients with signs and symptoms of shock (hypoperfusion).

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Notes:

- A. Shock exists any time there is inadequate perfusion of tissues to meet metabolic demands of the body. Signs of shock include, cool **and/or** moist skin, tachycardia, decreased sensorium, and generally low systolic blood pressure (SBP) less than 90 mmHg.
- B. The evaluation of a patient in shock must include a search for its cause from one of the forms of shock:
 - 1. Hypovolemic
 - 2. Hemorrhagic
 - 3. Cardiogenic
 - 4. Neurologic
 - 5. ~~Hypoglycemic~~ **Insulin Shock**
 - 6. Anaphylactic
 - 7. Sepsis
- C. In addition to the fluid resuscitation and transport noted below, treat any underlying cause as dictated by protocol.
- D. ~~Prepare for immediate transport; there is little that the EMT can do for the patient in shock at the scene. Do not delay at scene except in special circumstances, i.e. prolonged extrication.~~ **(Move to BLS treatment)**

Protocol:

BLS TREATMENT

ABC's / Routine Medical Care – Supplemental O₂ as necessary to maintain SpO₂ ≥94%. Use the lowest concentration and flow rate of O₂ as possible. Airway Adjuncts as needed.

Warming measures, except with suspected fever.

Spinal immobilization if necessary by protocol.

Control massive external bleeding.

Immobilize associated fractures (without delaying transport- may be done enroute).

Prepare for Immediate transport. Do not delay at scene except in special circumstances, i.e. prolonged extrication.

ALS TREATMENT

Advanced airway adjuncts as needed.

Large bore Intravenous (IV) Access - establish access with normal saline, titrate to a SBP of 90-100 mmHg.

Cardiac Monitoring

Treat any underlying cause per policy as appropriate.

Cross Reference:

Burn Policy (PD) #8025

Hemorrhage in Trauma PD #8065

Overdose and /or Poison Ingestion PD #8018

Decreased Sensorium PD #8061

Allergic Reaction/Anaphylaxis PD #8001

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