



Section 3: Adult Circulation/Shock Protocols

SHOCK PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Blood loss - vaginal or gastrointestinal bleeding, AAA, ectopic pregnancy Fluid loss - vomiting, diarrhea, fever Infection Cardiac ischemia (MI, CHF) Medications Allergic reaction Pregnancy 	<ul style="list-style-type: none"> Restlessness, confusion Weakness, dizziness Weak, rapid pulse Pale, cool, clammy skin Delayed capillary refill Hypotension Coffee-ground emesis Tarry stools 	<ul style="list-style-type: none"> Shock Hypovolemic Cardiogenic Septic Neurogenic Anaphylactic Ectopic pregnancy Dysrhythmias Pulmonary embolus Tension pneumothorax Medication effect / overdose Vasovagal hypotension Physiologic (pregnancy)

SHOCK

- Exam: Mental Status, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Hypotension can be defined as a systolic blood pressure of less than 90 systolic
- Consider performing orthostatic vital signs on patients in non-trauma situations if suspected blood or fluid loss
- Consider all possible causes of shock and treat per appropriate protocol

Anaphylactic Shock

- Do not confuse Epinephrine (Adrenaline) 1:1000 IM and 1:10,000 IV**
- Treat patients with a history of anaphylaxis aggressively.
- Routine assessment and supportive care of the patient's respiratory and cardiovascular systems is required.
- Use caution when using Epinephrine (Adrenaline) for patients over fifty years of age.
- Use caution when using Epinephrine (Adrenaline) for patients with a heart rate greater than 120 bpm.
- When possible, remove any stingers.

Cardiogenic Shock

- Circulatory failure is due to inadequate cardiac function.
- Be aware of patients with congenital defects.
- Cardiogenic shock exists in the prehospital setting when an MI is suspected and there is no specific indication of volume related shock.
- Pulmonary edema or CHF may cause cardiogenic shock. (Pediatrics with congenital heart defects may rarely have pulmonary edema)
- Marked, symptomatic tachycardia and bradycardia will also cause cardiogenic shock. Fix rate first.



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SHOCK PEARLS and KEY POINTS-cont.

Hypovolemic Shock

- Patients suffering from hemorrhagic shock secondary to trauma, should be treated under the Trauma Criteria, and should be rapidly transported to the nearest appropriate facility.
- Initiate a second large bore IV for all patients in hypovolemic shock, resuscitate to a BP of 90 systolic.

Neurogenic Shock

- Cushing's reflex is a sign of increased ICP.
- Cushing's reflex is a high blood pressure, low pulse rate, and widening pulse pressure.

Septic Shock

- Hypotensive septic shock patients require aggressive fluid resuscitation and should receive vasopressor support if not responding to fluid challenges.
Be alert for septic shock in the elderly.