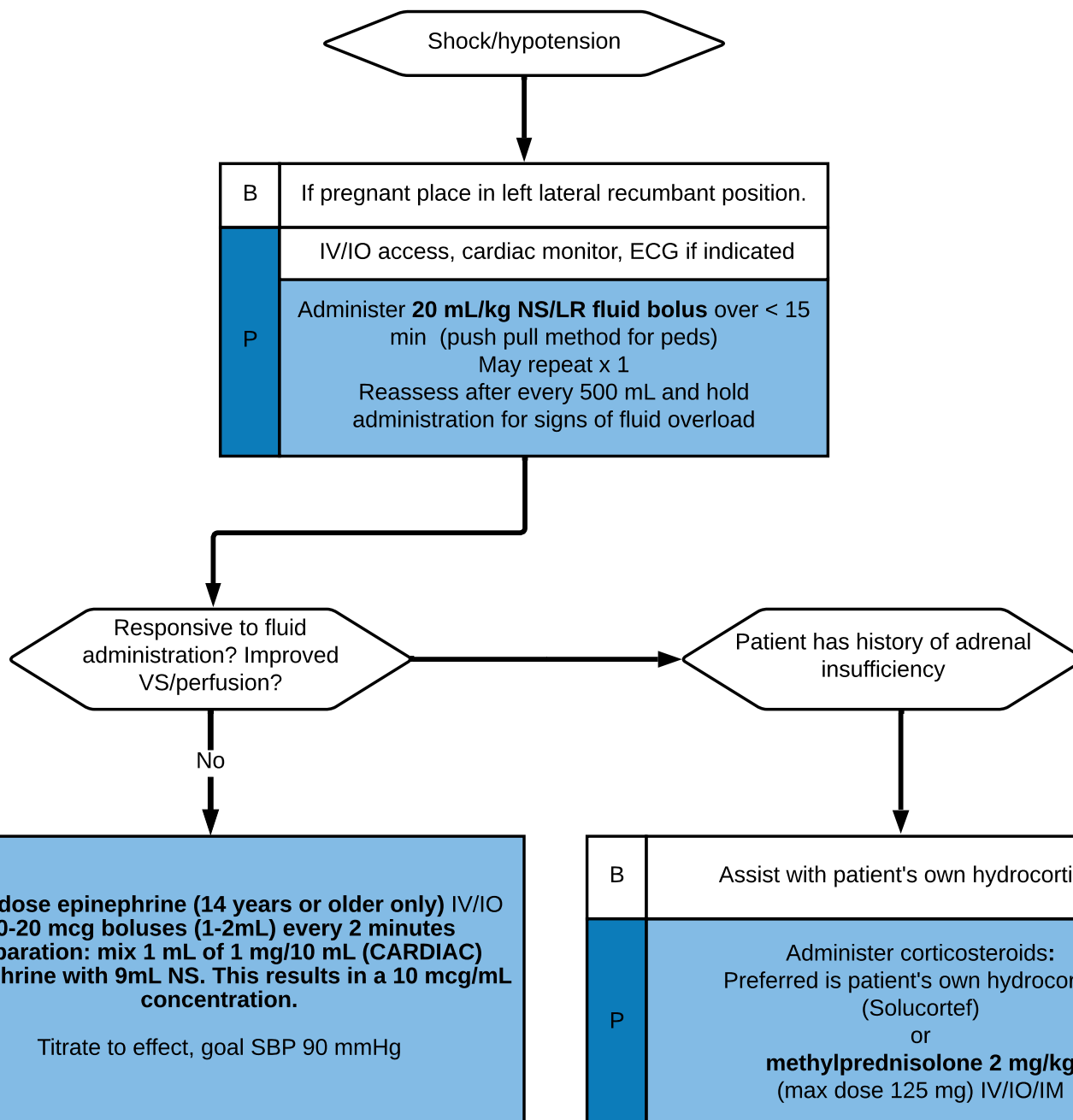


# Shock/Hypotension Administrative Guideline



<b>History</b> <ul style="list-style-type: none"> <li>• Blood loss - vaginal or gastrointestinal bleeding, AAA, ectopic</li> <li>• Fluid loss - vomiting, diarrhea, fever</li> <li>• Infection</li> <li>• Cardiac ischemia (MI, CHF)</li> <li>• Medications</li> <li>• Allergic reaction</li> <li>• Pregnancy</li> <li>• History of poor oral intake</li> </ul>	<b>Signs and Symptoms</b> <ul style="list-style-type: none"> <li>• Tachycardia out of proportion to temp</li> <li>• AMS</li> <li>• Delayed capillary refill &gt;2 sec</li> <li>• Tachypnea</li> <li>• Hypotension for age</li> <li>• Cool/mottled or flushed/ruddy skin.</li> <li>• Tarry stool/GI bleed</li> </ul>	<b>Differential</b> <ul style="list-style-type: none"> <li>• Ectopic pregnancy</li> <li>• Dysrhythmias</li> <li>• Pulmonary embolus</li> <li>• Tension pneumothorax</li> <li>• Medication effect / overdose</li> <li>• Vasovagal</li> <li>• Physiologic (pregnancy)</li> <li>• Sepsis</li> </ul>
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## Education/Pearls

Shock describes a state of tissue underperfusion. There are multiple etiologies of shock, including hypovolemic (e. g. dehydration, blood loss), obstructive (e.g. tension pneumothorax, cardiac tamponade), distributive (e.g. sepsis, severe burns), and cardiogenic (e.g. heart failure, acute papillary muscle rupture). Rapid fluid resuscitation is the mainstay of treatment, as the duration of shock coincides with the extent of tissue damage.

- 2 large bore (18 gauge) IVs are preferred for patients with shock.
- Consider IO placement early.
- Do not delay transport if unsuccessful in obtaining IV access.
- Fluid resuscitation: Although often essential in shock, fluid may worsen the clinical picture in certain conditions, including cardiogenic shock. Monitor patients for signs of fluid overload when administering rapid fluid boluses.
  - Discontinue fluids if patient is developing signs of pulmonary edema or respiratory insufficiency/failure.
  - Utilize pressors early in suspected cardiogenic shock and signs of pulmonary edema.
- Patients may have a history of adrenal insufficiency related to congenital adrenal hyperplasia or from long-term daily steroid use. These patients may require stress dose steroids to maintain blood pressure in the face of shock.
  - For adults the typical dose of hydrocortisone is 100 mg IM
  - For children:
    - 0-3 years 25 mg IM
    - 3-12 years: 50 mg IM
    - 12+ years: 100 mg IM
  - Methylprednisolone is the alternative treatment.

For additional guidance for patients in shock, see the **Crashing Patient Pearls**.