

SECTION: M-03

PROTOCOL TITLE: Adult Hypotension and Shock

REVISED: May 01, 2022

**GENERAL COMMENTS:** Hypotension is defined as a symptomatic blood pressure less than 90 mm/Hg. This protocol includes shock and hypotension from a myriad of causes. Follow a more specific protocol if appropriate (i.e., dehydration or allergic reaction). Fluid administration should be performed with caution in CHF patents.

**BLS SPECIFIC CARE:** See Adult General Medical Care Protocol M-01

**AEMT/OM CARE:** See Adult General Medical Care Protocol M-01

**ALS SPECIFIC CARE:** See Adult General Medical Care Protocol M-01

- Assess and treat underlying cause of shock, if known
- Administer fluid bolus
  - IV/IO :500 - 1000 ml
  - Repeat as necessary for persistent hypotension to a maximum of 2 liters
  - *Caution!* Avoid repeat fluid boluses in cases of suspected cardiogenic shock with rales present

**Vasopressors:** Titrated to maintain adequate HR, MAP>65 or SBP >100. A provider must choose the most appropriate vasopressor for the situation.

- **“Push Dose” Epinephrine:** Epinephrine 1:100,000 as a bridge to vasopressor infusions in Persistent/Refractory Hypotension.
  - **To Mix:** 1 ml (0.1 mg) of 1:10,000 Epinephrine (“Cardiac Arrest Epi”) in a 9 ml NaCL Flush for a 10 mcg/cc concentration. **LABEL SYRINGE.**
  - **IV/IO:** Initial dose of 20 mcg (2 ml) followed by 5 mcg (0.5 ml) repeated 2-3 minute as needed for hypotension until infusion is established.
- Epinephrine
  - **IV/IO Infusion:** 0.1-1 mcg/kg/min
  - First line agent for treatment of persistent hypotension during anaphylactic shock
- Nor Epinephrine
  - **IV/IO Infusion:** IV/IO: 0.01- 2 mcg/kg/min
  - Start at 0.1 mcg/kg/min

# Protocol M-03

## ADULT HYPOTENSION / SHOCK

- Dopamine
  - **IV/IO Infusion:** 2-20 mcg/kg/min
  - Start at 5 mcg/kg/min

### Physician PEARLS

- Push dose epinephrine is a temporizing measure and a bridge to more definitive interventions (i.e. infusions). It is not a replacement for an infusion.
- The use of Push dose epinephrine does not mandate that the provider continue with an epinephrine infusion. The provider may choose the vasopressor infusion (i.e. Nor-Epinephrine or Dopamine) most appropriate for the patient's pathological condition.