

CIRCULATION / SHOCK PROTOCOLS

Click the page title below to jump to that section. Each page has buttons to return back to this menu.

Shock Guidelines	3-2
Anaphylactic Shock	3-4
Cardiogenic Shock	3-5
Hypovolemic Shock	3-6
Neurogenic Shock	3-6
Septic Shock.....	3-6

CIRCULATION / SHOCK**SHOCK GUIDELINES**

TYPES OF SHOCK	SIGNS AND SYMPTOMS
ANAPHYLACTIC SHOCK	<ul style="list-style-type: none"> • Warm Burning Feeling • Itching • Rhinorrhea • Hoarseness / Stridor • Wheezing • Shock • Severe Respiratory Distress • Altered LOC / Coma • Cyanosis • Pulmonary Edema • Facial / Airway Edema • Urticaria / Hives • Dyspnea
CARDIOGENIC SHOCK	<ul style="list-style-type: none"> • Cool, Clammy Skin – Mottled • Altered Mental Status • Anxiety / Restlessness • Weakness • Difficulty Breathing • Hypotension • JVD • Decreased Urine Output
HYPOVOLEMIC SHOCK	<ul style="list-style-type: none"> • Tachycardia • Weak, Thready Pulse • Hypotension with Narrow Pulse Pressure • Hypotension or Falling Systolic B/P • Pale Skin • Clammy or Dry Skin • Dyspnea • Altered LOC/ Coma • Decreased Urine Output • Restlessness • Irritability
NEUROGENIC SHOCK	<ul style="list-style-type: none"> • Evidence of Trauma (lacerations, bruising, swelling, deformity) • Normal or Bradycardic HR • Hypotension with a Narrow Pulse Pressure • Compromise in Neurological Function • Normal or Flush Skin Color • Warm, Dry Extremities • Peripheral Vasodilation
SEPTIC SHOCK	<ul style="list-style-type: none"> • Tachycardia • Hypovolemia • Hypotension with a Narrow Pulse Pressure • Dehydration • Altered LOC / Coma • Dyspnea • Febrile • Signs of Infection • Hx of Infection (UTI, Pneumonia, etc.)

SHOCK

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Blood loss - vaginal or gastrointestinal bleeding, AAA, Trauma 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 <ul style="list-style-type: none"> Hypovolemic Cardiogenic Septic Neurogenic Anaphylactic Ectopic pregnancy /AAA Dysrhythmia Pulmonary embolus Tension pneumothorax Medication effect /overdose Vasovagal Physiologic (pregnancy)

KEY POINTS

- Exam: Mental Status, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Hypotension can be defined as a systolic blood pressure of less than 90.
- 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

- Sudden, severe allergic reaction characterized by sharp drop in B/P, urticaria and breathing difficulty caused by exposure to a foreign substance.
- Routine assessment and supportive care of the patient's respiratory and cardiovascular systems is required.
- Do not confuse epinephrine 1:1000 and 1:10000
- Treat patients with a history of anaphylaxis aggressively.
- Contact Medical Control when using epinephrine for patients over forty years of age.
- Use caution when using epinephrine for patients with a heart rate greater than 120 bpm.
- If bee sting, remove stinger (scrape, don't squeeze it).

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, CHF, AMI, PE may cause cardiogenic shock.
- Marked, symptomatic tachycardia and bradycardia can also cause cardiogenic shock.

HYPVOLEMIC SHOCK

- Shock caused by decreased blood volume.
- 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.

NEUROGENIC SHOCK

- Caused by sudden loss of the sympathetic nervous system signals to smooth muscle in vessel walls leading to a decrease in peripheral vascular resistance and decreased B/P.
- To be considered in spinal cord and head trauma.
- Cushing's Reflex is a sign of increased ICP. Cushing's Reflex is hypertension, bradycardia, and irregular respirations.

SEPTIC SHOCK

- Caused by an overwhelming infection.
- Be alert for septic shock in the elderly.

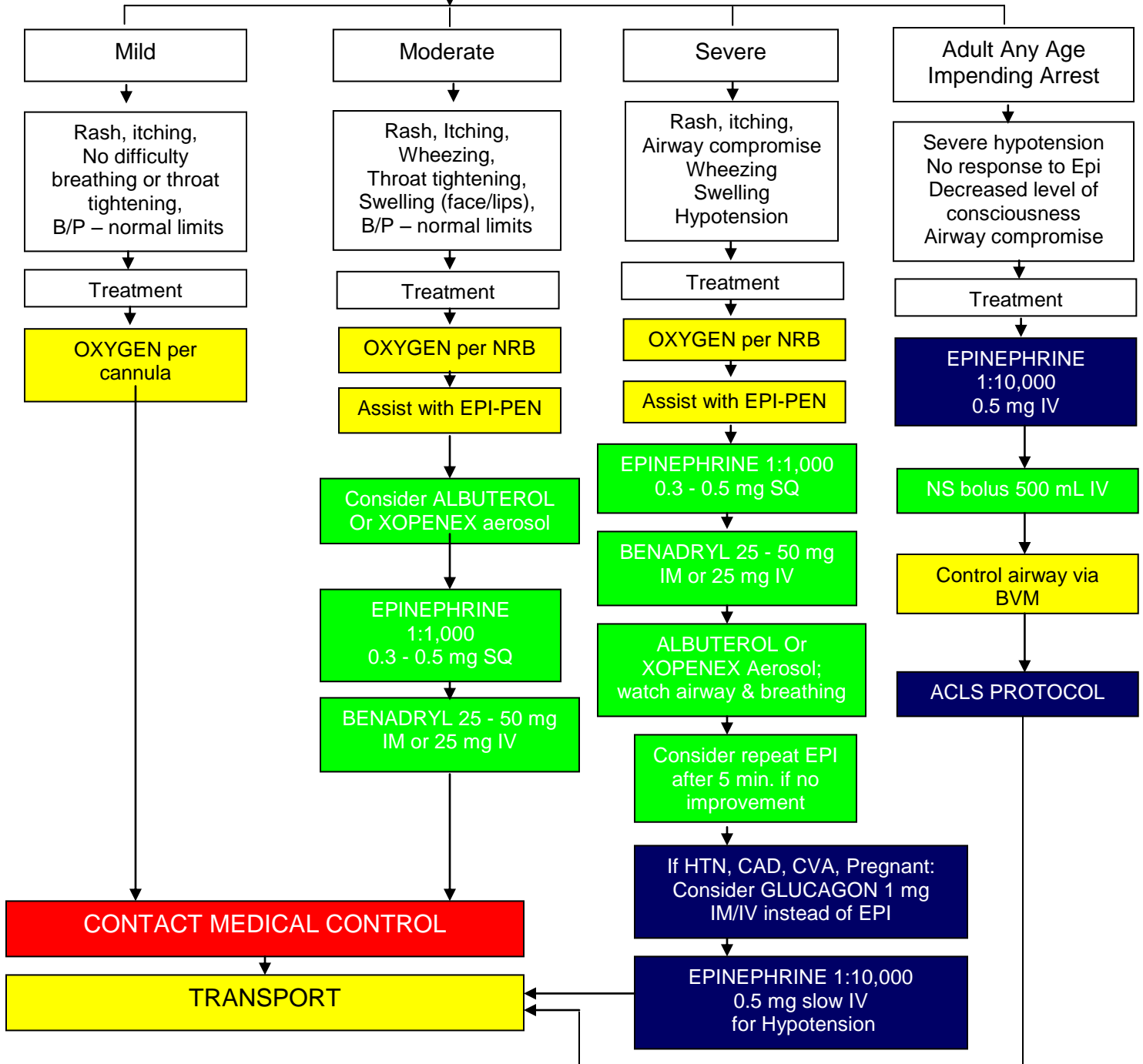
ANAPHYLACTIC SHOCK

UNIVERSAL PATIENT CARE PROTOCOL

B	EMT – B	B
I	EMT – I	I
P	EMT – P	P
M	MED CONTROL	M

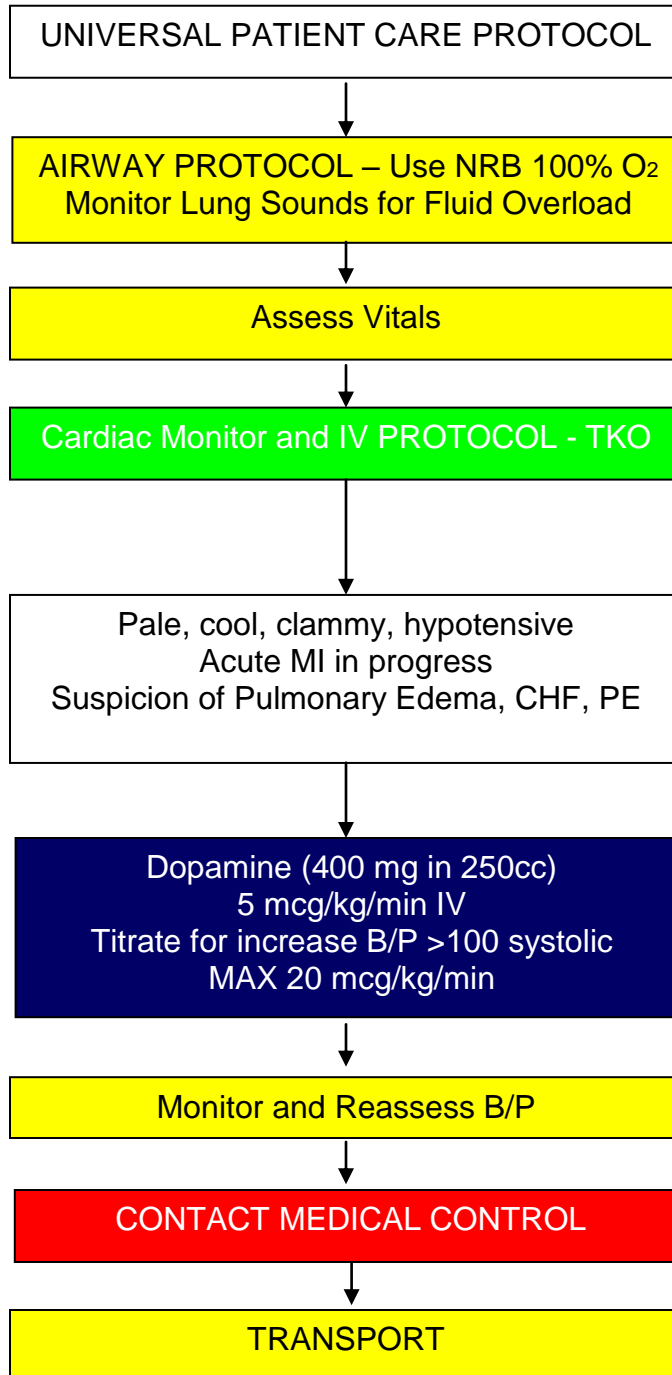
Assess Vitals

Cardiac Monitor and IV PROTOCOL



CARDIOGENIC SHOCK

B	EMT - B	B
I	EMT - I	I
P	EMT - P	P
M	MED CONTROL	M



HYPOVOLEMIC, NEUROGENIC OR SEPTIC SHOCK

B	EMT - B	B
I	EMT - I	I
P	EMT - P	P
M	MED CONTROL	M

