

POLICY: 554.41  
TITLE: Non-Traumatic Shock

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

**NON-TRAUMATIC SHOCK**

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
History may include: GI bleeding, vomiting, diarrhea, allergic reaction, septicemia, antihypertensive medication overdose.

Physical signs may include: collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse, pale/cold/clammy/mottled skin, rapid respirations, and anxiety. Signs of compensation may be absent in the elderly or patients taking beta-blocker or alpha-blocker medications.

**NOTE:** a decreased blood pressure is a late sign of shock.

**Provider Key:** F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP  
P = Paramedic      D = Base Hospital Physician Order Required

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>BODY TEMPERATURE</b>	X	X	X	X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor.				X	
<b>OXYGEN:</b> if pulse oximetry <94% or signs of hypoperfusion or respiratory distress	X	X	X	X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>12-LEAD ECG</b>				X	
<b>VASCULAR ACCESS:</b> IV/IO, 2 large bore.				X	
<b>FLUID BOLUS:</b> If patient has a systolic BP < 90, administer 250 mL NS bolus as indicated. Reassess after each bolus. Maximum fluid 2 liters.				X	
<b>POSITION:</b> Trendelenburg position as tolerated. Place on left side if pregnant.	X	X	X	X	

	F	E	O	P	D
<b>PUSH DOSE EPINEPHRINE:</b> for hypotension – titrate to SBP $\geq$ 90 <ul style="list-style-type: none"> <li>Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL)</li> <li>Label syringe “epinephrine 10 mcg/mL”</li> <li>0.5 – 1 mL (5-10 mcg) IVP every 1-5 minutes</li> </ul> If SBP does not stabilize $\geq$ 90 after two doses, consider epinephrine drip. Refer to 554.88 ADULT MEDICATION CHARTS.				X	
<b>BASE CONTACT:</b> if blood pressure remains hypotensive.					X