

POLICY: 554.41  
TITLE: Non-Traumatic Shock

EFFECTIVE: 02/01/2026DRAFT  
REVIEW: 02/2028DRAFT  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## 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, AEMT<sup>2</sup>s, 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    A=Advanced EMT    — D = Base Hospital Physician Order  
**Required**

|                                                                                                                                                    | F | E | O | <u>A</u> | P | D |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----------|---|---|
| <b>ASSESSMENT</b>                                                                                                                                  | X | X | X | <u>X</u> | X |   |
| <b>PULSE OXIMETRY:</b> apply and monitor.                                                                                                          |   | X | X | <u>X</u> | 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 | <u>X</u> | X |   |
| <b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.                                                                           |   |   |   |          | X |   |
| <b>12-LEAD ECG</b>                                                                                                                                 |   |   |   |          | X |   |
| <b>VASCULAR ACCESS:</b> <u>P - IV/IO</u> , 2 large bore, <u>AEMT - IV only:</u>                                                                    |   |   |   | <u>X</u> | 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. |   |   |   | <u>X</u> | X |   |
| <b>POSITION:</b> Trendelenburg position as tolerated. Place on left side if pregnant.                                                              | X | X | X | <u>X</u> | X |   |
| <b>PUSH DOSE EPINEPHRINE:</b> for hypotension – titrate to SBP ≥ 90                                                                                |   |   |   |          |   |   |
| • 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)                                                   |   |   |   |          | X |   |

|                                                                                                                                                                                                                                                                           |  |  |  |  |  |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|---|
| <ul style="list-style-type: none"><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.<br>Refer to 554.88 ADULT MEDICATION CHARTS. |  |  |  |  |  |   |
| <b>BASE CONTACT:</b> if blood pressure remains hypotensive.                                                                                                                                                                                                               |  |  |  |  |  | X |