



POLICY: 554.41
 TITLE: Non-Traumatic Shock

EFFECTIVE: 2/24/21
 REVIEW: 2/2026
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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, fever, sepsis, anti-hypertensive overdose.

 Physical signs may be due to circulatory insufficiency (collapsed peripheral/neck veins, confusion, cyanosis, disorientation, thready pulse) or sympathetic compensation (pale, cold, clammy, mottled skin, rapid respirations, anxiety). Signs of compensation may be absent in the elderly, children, or patients taking vasoactive medications.
NOTE: A decreased blood pressure is a late sign of shock.

EMR STANDING ORDERS	
Patient Assessment	Circulation, Airway, Breathing. Assess vitals q5 minutes
Oxygen Administration	Provide oxygen if appropriate
Position	Place patient supine with legs elevated
EMT STANDING ORDERS	
Note	Must perform items in EMR standing orders if applicable
Pulse Oximetry	Report initial reading to paramedic if applicable
PARAMEDIC STANDING ORDERS	
Note	Must perform items in EMR and EMT standing orders if applicable
Monitor	Treat rhythm as appropriate

IV/IO Access	Two large bore access points. If systolic BP<90mmHg, give 500ml boluses to achieve systolic BP 90-100. Reassess the patient after each bolus. Max of 2000ml total
Push Dose Epinephrine	0.2ml of 1:10,000 IV/IO every 5 minutes to maintain systolic BP >90mmHg if unsuccessful after 1000ml of fluid. Consider early for patients with history of CHF
CONSIDER CAUSE	Cardiogenic – IV fluid boluses Septic shock-Refer to Sepsis 554.40 DKA-IV fluids, Refer to Blood Sugar Emergencies 554.42 Overdose-refer to Poisoning/Overdose 554.51 Hypovolemia – IV fluid boluses Hypoxia – Oxygenate/Ventilate and assist ventilations as necessary Anaphylaxis – refer to Allergic Reaction Policy 554.43

Clinical PEARLS:

- Continuous assessment for signs of fluid overload, especially for patients with known CHF
Consider Sepsis as underlying cause for tachycardic and hypotensive patients when no evidence of trauma is present.