Information Needed

1. Onset: sudden or gradual, precipitating cause or event.
2. History: trauma, bloody emesis or stool, thirst, weakness, dizziness, chest pain, trouble breathing, abdominal pain, itching, hives, medical diseases.
3. Physical findings: apathy, confusion, restlessness, delirium, orthostatic changes, skin color and temperature, mechanism of injury, lung sounds, JVD, rales, peripheral edema, fever, tachycardia (>120), tachypnea.

Treatment

1. Protect airway and assist ventilation as needed.
2. Administer O_2 high flow.
3. Determine vital signs (pulse, blood pressure, respirations, SPO2).
4. Perform patient assessment.
5. Establish venous access, draw blood.
6. Monitor ECG.

Hypovolemic Shock.

1. Give fluid boluses for hypovolemia in blunt trauma. Titrate fluid to a BP of 100 systolic or a pulse of 100. Massive amounts of fluids are not beneficial in hemorrhagic shock especially in penetrating trauma. Use tourniquet to control extremity bleeding if necessary. Make sure scalp wounds are properly tamponaded.
2. Give careful fluid challenges to elderly patients, patients in poor general health, and patients with cardiac, liver, or kidney problems.
3. Assess response to fluids including lung sounds.
4. Consult medical control early on for shock in penetrating trauma, for large amounts of IV fluid, or for vasopressors.

Cardiogenic Shock.

1. Consult medical control for fluid challenge or vasopressors. Carefully monitor fluid status, i.e. lung sounds and peripheral edema. Fluid overload in cardiogenic shock is difficult to reverse and results in very poor outcomes.

Anaphylactic Shock

1. Administer the appropriate type/dose of Epinephrine IM or IV.
2. Administer Albuterol neb. Will not be effective if patient is not moving enough air to transport medication to lungs.
3. Give fluid boluses or fluid challenge.
4. Administer diphenhydramine IV, IO, or IM.
5. Consult medical control for addition fluids and vasopressors.

Septic Shock

1. Suspect in patients with a recent history of illness such as respiratory infection, urine infection, intestinal infection, skin infection.
2. Patients may or may not have a fever. Pt may complain of a shaking chill.
3. Treat with fluid boluses and consult with medical control for vasopressors.

Neurogenic Shock

1. Suspect in patients with significant spinal injuries, such as para- or quadra-plegia.
2. Patients will typically be hypotensive, but may or may not be tachycardic.
3. Treat with fluid boluses. If no evidence of significant bleeding, consult with medical control. A BP of 90/60 may be acceptable.

Notes about shock

1. Rapid fluid administration can convert a volume problem to a pump problem in patients with a compromised heart.
2. Patients taking beta-blockers cannot raise their heart rate, and thus will not show tachycardia in response to shock.