

CARDIAC EMERGENCIES

Shock (Non-Traumatic) C1

SHOCK

Signs and symptoms of shock with dry lungs, flat neck veins. May have poor skin turgor, history of GI bleeding, vomiting or diarrhea. May be warm and flushed, febrile. May have history of high fever (SEPSIS).

1. Ensure a patent airway
 - **OXYGEN** – high flow. Be prepared to support ventilations as needed
2. Shock position, if tolerated
3. Keep patient warm
4. Cardiac monitor – treat dysrhythmias per specific treatment guideline
5. Early transport, **CODE 3**
6. **IV ACCESS** – two (2) large bore IVs enroute, 250-500 ml fluid bolus. Recheck vitals every 250 ml to a maximum of 1 liter
7. Test **BLOOD GLUCOSE** level
8. Consider:
 - **NARCAN** 1-2 mg per dose IV or IM (if unable to establish IV) if patient has respiratory compromise and narcotic overdose suspected
 - **DEXTROSE 50%** 25 gm IV if blood glucose level less than 60
9. Consider:
 - **DOPAMINE** infusion beginning at 5 mcg/kg/min if hypotension persists (see [Table 1](#))
10. **Contact Base Hospital if any questions or if additional therapy is required**

CARDIOGENIC SHOCK

Signs and symptoms of shock, history of congestive heart failure, chest pain, rales, shortness of breath, pedal edema.

1. Ensure a patent airway
 - **OXYGEN** – high flow. Be prepared to support ventilations as needed
2. Position of comfort
3. Keep patient warm
4. Cardiac monitor – treat dysrhythmias per specific treatment guideline
5. Early transport, **CODE 3**
6. **IV ACCESS TKO**
7. Consider:
 - **DOPAMINE** infusion beginning at 5 mcg/kg/min if hypotension persists (see [Table 1](#))
 - Consider 12-lead ECG if time and patient stability permit.
8. **Contact Base Hospital if any questions or if additional therapy is required**