Hypotension/Shock

History
- Blood loss
- Fluid loss (vomiting, diarrhea or fever)
- Infection (e.g., UTI, cellulitis, etc.)
- Cardiac ischemia (MI or CHF)
- Medications
- Allergic reaction
- Pregnancy
- History of poor oral intake

Signs and Symptoms
- Restlessness or confusion
- Weakness or dizziness
- Weak, rapid pulse
- Pale, cool, clammy skin signs
- Delayed capillary refill
- Hypotension
- Coffee-ground emesis
- Tarry stools

Differential
- Shock (hypovolemic, cardiogenic, septic, neurogenic or anaphylaxis)
- Ectopic pregnancy
- Cardiac dysrhythmias
- Pulmonary embolus
- Tension pneumothorax
- Medication effect or overdose
- Vasovagal effect
- Physiologic (pregnancy)

History, exam and circumstances often suggest (type of shock)

WAS TRAUMA INVOLVED?

Yes
- Consider hypovolemic (bleeding), neurogenic (spinal injury) and obstructive (pneumothorax) shock

No
- Consider hypovolemic (dehydration or GI bleed), cardiogenic (STEMI or CHF), distributive (sepsis or anaphylaxis), and obstructive (PE or cardiac tamponade) shock

Spinal motion restriction if indicated
- CONTROL HEMORRHAGE and wound care as indicated

Normal Saline bolus 500ml IV/IO
- Repeat to goal SBP of 90mm
- Maximum 1L
- Chest Decompression procedure if indicated

Exit to Trauma TG if indicated

Blood glucose analysis
- Cardiac monitor
- IV/IO procedure
- 12-Lead ECG
- Airway TGs, if indicated

Cardiac/Arrhythmia TG if indicated

Notify receiving facility. Contact Base Hospital for medical direction

Normal Saline
- Contact Base Hospital Physician for additional order

Exit to appropriate TG

Diabetic TG if indicated

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Pearls

- Hypotension can be defined as a systolic blood pressure of less than 90 mmHg. This is not always reliable and should be interpreted in context with the patient’s typical BP, if known. Shock may be present with a seemingly normal blood pressure initially.

- Shock is often present with normal vital signs and may develop insidiously. Tachycardia may be the only manifestation.

- Consider all causes of shock and treat per appropriate Treatment Guideline.

- Hypovolemic shock:
  - Hemorrhage, trauma, GI bleeding, ruptured AAA, or pregnancy-related bleeding

- Cardiogenic shock:
  - Heart failure, MI, cardiomyopathy, myocardial contusion, ruptured ventricle/septum/valve or toxins

- Distributive shock:
  - Sepsis, anaphylactic, neurogenic, or toxins
  - Neurogenic shock generally presents with warm, dry, and pink skin with normal capillary refill time; patient typically alert

- Obstructive shock:
  - Pericardial tamponade, PE, or tension pneumothorax
  - Signs may include hypotension with distended neck veins, tachycardia, unilateral decreased breath sounds or muffled heart tones