**Contra Costa County Emergency Medical Services**

**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)

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**Diabetic TG if indicated**

**WAS TRAUMA INVOLVED?**

- **Yes**
  - 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

- **No**
  - Spinal motion restriction if indicated
  - CONTROL HEMORRHAGE and wound care as indicated
  - Normal Saline bolus 500ml IV/IO
  - Repeat to goal SBP > 90 IV/IO Maximum 1L
  - Chest Decompression procedure if indicated
  - Exit to appropriate TG

**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, as needed.**

**Normal Saline bolus 500ml IV/IO**

**Repeat to goal SBP > 90**

**Maximum 1L**

**Exit to Trauma TG if indicated**

**Normal Saline**

**Contact Base Hospital Physician for additional order**

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**Effective Jan. 2020**
Pearls

- Hypotension can be defined as a systolic blood pressure of less than 90mmHg. 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