



**General Medicine
SHOCK
Practice Guideline**

Patient Care Goals:

1. Initiate early fluid resuscitation & vasopressors to maintain/restore adequate perfusion to vital organs
2. Differentiate between possible underlying causes of shock in to promptly initiate additional therapy

Patient Presentation:

Inclusion Criteria

1. Signs of poor perfusion such as one or more of the following:
 - Altered mental status
 - Delayed/flash capillary refill
 - Hypoxia
 - Decreased urine output
 - Respiratory rate greater than 20 in adults or elevated in children (see a bnormal vital signs table)
 - Hypotension for age (lowest acceptable SBP in mmHg):
 - Less than 1 yo: 60
 - 1-10 yo: (age in years x 2)+70
 - Greater than 10 yo: 90
 - Tachycardia for age, out of proportion to temperature
 - Weak-decreased-bounding pulse
 - Cool/mottled, flushed/ruddy skin

Patient Management

Treat underlying causes

Medication

Normal Saline Bolus

20 mL/kg bolus IV/IO over 10 mins using pressure bag

***Sepsis uses 30 mL/kg dosing**

Second IV/IO if shock continues

Norepinephrine infusion

- Adult (≥40 kg) wt-based dosing
 - Start at 0.1 mcg/kg/min
 - Aggressive q 2min, increase 8 gtts
 - Max at 0.5 mcg/kg/min
 - Pediatric (<40 kg) *OLMC order* (expect similar dosing ranges and aggressive titration as adults)
- Refer to Medication List for rate

Quality Improvement:

Search for early (compensated) signs of shock.

IVF volume/rate and access type. Use of a Sepsis Alert to receiving hospitals.

Patient Safety Considerations:

Recognition of cardiogenic shock - if patient condition deteriorates after fluid administration, rales or hepatomegaly develop, consider cardiogenic shock + holding further fluid administration, begin norepi

