



**General Medicine
SHOCK
Practice Guideline**

Patient Care Goals:

1. Initiate early fluid resuscitation and 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

Signs of poor perfusion:

- Altered mental status
- Delayed/flash capillary refill
- Hypoxia
- Decreased urine output
- Respiratory rate greater than 20 in adults, or elevated in children
- 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)

Prehospital Blood Products criteria

- Hemorrhagic shock due to TRAUMA
 - Adult (any of three criteria below)
 - SBP<70
 - SBP<90 and HR>110
 - Age>65 and SBP<100 and HR>100
 - Peds: See page 2
- EMS-witnessed trauma cardiac arrest

TXA (Tranexamic Acid)

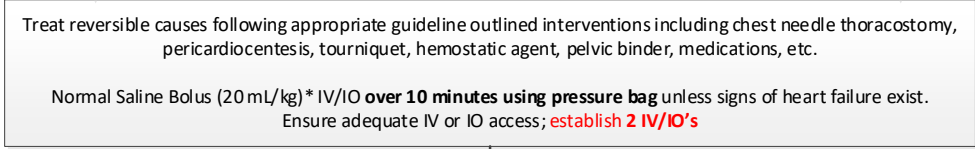
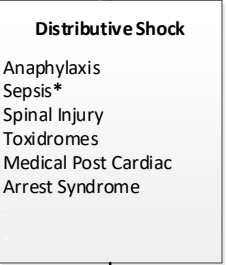
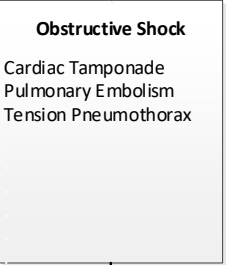
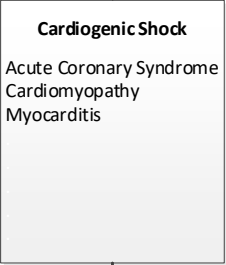
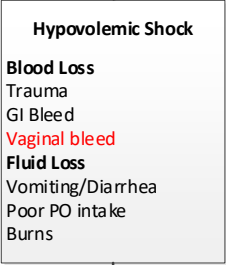
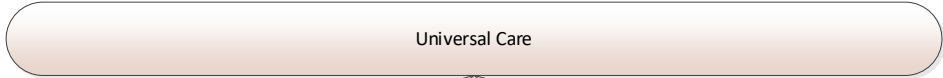
- Adult: 2 grams IV/IO
- Peds: **Not indicated** for age < 18 yrs

Quality Improvement

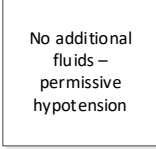
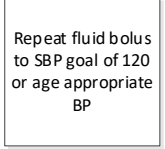
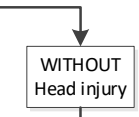
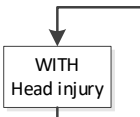
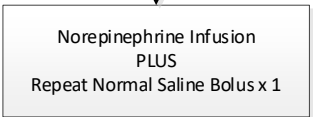
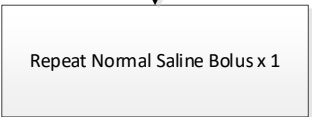
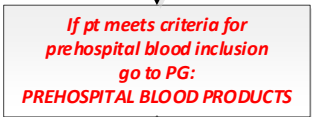
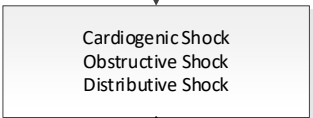
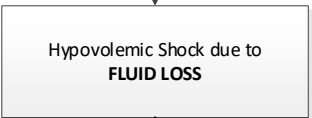
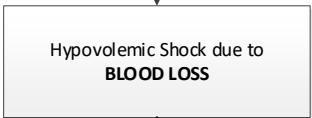
- Search for early signs of shock.
- IVF volume/rate and access type
- Use of a Sepsis Alert to receiving hosp

Patient Safety Considerations

- Recognition of cardiogenic shock - if pt deteriorates after fluid administration or hepatomegaly develops, consider cardiogenic shock + holding further fluid administration, begin norepinephrine



Shock continues





PHBI Inclusion Criteria

Adults (age 18 years or older):

SBP < 70		For adults, <u>any</u> of the three listed criteria
OR		
SBP < 90 <i>and</i> HR > 110		
OR		
Age > 65 <i>and</i> SBP < 100 <i>and</i> HR > 100		

Pediatric (Age less than 18 years):

Age	SBP	<i>and</i>	HR
< 29 days	< 70	<i>and</i>	<100 or > 180
30 days - < 1 year	< 70	<i>and</i>	< 80 or > 160
1 year	< 72	<i>and</i>	< 60 or > 130
2 years	< 74	<i>and</i>	< 60 or > 130
3 years	< 76	<i>and</i>	< 60 or > 130
4 years	< 78	<i>and</i>	< 60 or > 130
5 years	< 80	<i>and</i>	< 60 or > 130
6 years	< 82	<i>and</i>	< 60 or > 130
7 years	< 84	<i>and</i>	< 60 or > 130
8 years	< 86	<i>and</i>	< 60 or > 130
9 years	< 88	<i>and</i>	< 60 or > 130
>10 years	< 90	<i>and</i>	< 60 or > 110

Adults and Pediatric:

EMS-witnessed traumatic cardiac arrest