



**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 order 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 normal vital signs table)
 - >Hypotension for age (lowest acceptable systolic blood pressure in mmHg):
 - Less than 1 yo: 60
 - 1-10 yo: (age in years x 2)+20
 - Greater than 10 yo: 90
 - >Tachycardia for age, out of proportion to temperature
 - >Weak, decreased or bounding pulses
 - >Cool/mottled or flushed/ruddy skin

Treatment:

Underlying causes
 Normal Saline Bolus (IV/IO) given over 10 mins...not slower; *sepsis uses 30 mL/kg dosing.
 Norepinephrine infusion (see medication list for dosing)

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 and holding further fluid administration and begin norepinephrine infusion.

