SHOCK

Skill Level: RN, LPN

Definition: A state in which blood flow to peripheral tissues and central organs is inadequate to sustain life because of insufficient cardiac output, or mal-distribution or loss of blood volume, almost always associated with hypotension.

Episodes of simple fainting, uncomplicated hypoglycemia, or brief syncope, where the patient normalizes rapidly are not appropriate for this protocol.

Shock may be due to hypovolemia, cardiogenic disorders, vasodilation, or sepsis. Shock and its underlying specific cause should be treated concurrently.

DATA BASE:

Subjective:
“I feel faint”

Objective:
- Hypotension (BP < or = 80 systolic)
- Altered LOC, sustained syncopal episode
- Tachycardia
- Thready pulse
- Cool, moist skin
- Pallor
- Confusion, anxiety, or stupor
- Fever (possible septic shock) may be present
- Evaluate for Bleeding
  1. External
  2. Internal
- Dehydration-Decreased skin turgor, dry mouth, and dry skin.

Assessment:
Ineffective tissue perfusion related to decrease in fluid volume from probable electrolyte or blood loss.

Plan:
1. Place patient in SUPINE POSITION and elevate feet if possible.
2. Assess Circulation, Airway, Breathing (CAB). Start O2 at 8-15 Liters by mask to keep O2 stats >90%.
3. Take vital signs, BP, pulse, respiration, now and every 5-10 minutes until transported.
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- Any patient in shock will need transport to a hospital facility. If changes in BP, respiration, or pulse normalize in the supine position, contact the medical provider immediately.

4. **START AN IV INFUSION:** Start IV and run IV fluid wide open unless signs and symptoms of fluid overload noted. Also, arrange for transport to E.R. and notify practitioner.

   Note: Cardiogenic shock is not a hypovolemic state and fluid loading will be of little value - but an open IV line is essential.

5. Transport to emergency facility.

6. Contact medical provider for further instructions while awaiting transport.

APPROVED:

Medical Services Manager ___________________________ Date ______________

Chief Medical Officer ______________________________ Date ______________

Clinical Medical Director ___________________________ Date ______________

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