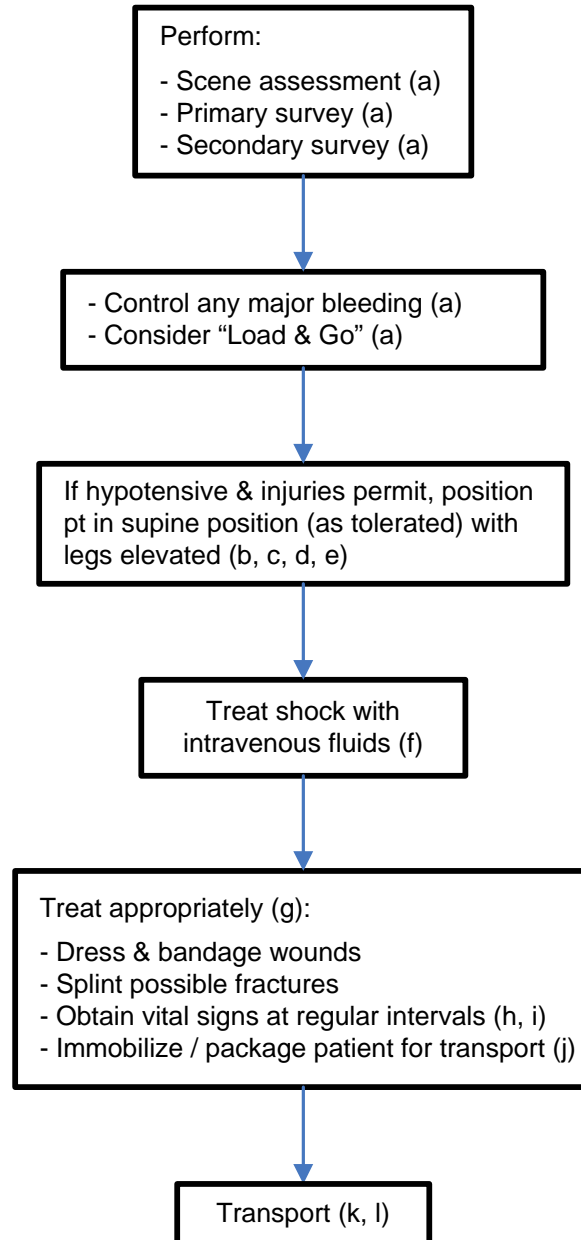


GENERAL: Shock



GENERAL: Shock

- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Do not allow the patient to exert themselves – i.e. walking, standing unassisted to transfer to the stretcher, etc.
- c. If the patient is immobilized on a long backboard (or similar device), the foot of the backboard can be raised.
- d. The patient must be monitored closely for respiratory compromise, vomiting or regurgitation.
- e. If hypotension is due to cardiogenic shock and the patient exhibits signs and symptoms of congestive heart failure with pulmonary edema, place the patient in a supine position as the patient will tolerate or in a semi-sitting position adequate for ventilation. If hypotension is due to cardiogenic shock and the patient exhibits signs and symptoms of congestive heart failure with no pulmonary edema, place the patient supine with the patient's legs either in line with the patient's body or elevated slightly as tolerated.
- f. If EMS personnel's are trained and certified to do so refer to intravenous cannulation and infusion protocol.
- g. Treat as per appropriate Emergency Treatment Guideline.
- h. Vital signs include pulse (rate, rhythm, and quality), breathing (rate, rhythm, and quality), blood pressure (systolic and diastolic numerical values), SpO₂, temperature, and ECG tracing. Additionally, a GCS score, pupil size, equality, and reaction along with hand grip and strength should be obtained with each set of vital signs. Scope of function may limit some providers in these assessments.
- i. Repeat and record vital signs at regular intervals (5 - 15 mins.) or when there is a change in the patient's status.
- j. Obtain information on the situation from relatives, witnesses, and other response personnel.
- k. On scene times should be kept to a minimum with transport to the nearest appropriate health care facility. Monitor, assess and treat en route. Notify and report patient status and all findings to the receiving facility staff and document all actions on the patient care report including the decision to initiate load and go (if applicable).
- l. Monitor and treat the patient en route per appropriate Emergency Treatment Guideline(s). Other life threatening complications should be treated if possible and may need to be attended to while en route.