

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.19
Subject:	Basic Life Support (BLS) Protocols SHOCK (HYPOTENSION)	Page: 1 of 2
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. TREATMENT

- A. ABCs - Assessment and treatment.
- B. Oxygen high flow 15 liters/minute, non-rebreathing mask. Assist respiration's as needed.
- C. Control massive bleeding.
- D. Supine position – Patients with cardiogenic shock may want to sit upright. These patients may assume the position of comfort.
- E. Spine immobilization if indicated by protocol.
- F. Immobilize associated fractures enroute without delaying transport.
- G. STAT Transport.

NOTE: Time from collapse to ALS is critical. Consider rendezvous with ALS unit enroute to hospital.

H. Special Treatment Situations:

- 1. Open chest wounds – Cover with vaseline impregnated gauze and tape on three sides loosely. If signs of tension pneumothorax develop (distended neck veins, cyanosis, tracheal shift, absent breath sounds on one side, falling BP, dyspnea), remove the dressing, allow air to escape, and reapply dressing.
- 2. Cover with a blanket to prevent hypothermia.
- 3. Do not remove impaled objects; stabilize and transport.
- 4. Anaphylaxis – Anaphylaxis secondary to stings may be treated additionally with cold pack to site if available.

Approved By: EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision:
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	04/19/2005

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II. SPECIAL CONSIDERATIONS

- A. Shock exists any time there is inadequate perfusion of tissues to meet metabolic demands of the body. Signs of shock include cool, moist skin, tachycardia, decreased mental status, and usually low BP (systolic less than 90).
- B. STAT transport; there is little that BLS personnel can do for the patient in shock at the scene. Delay at scene should not exceed 10 minutes except in special circumstances, (i.e., extrication, MCI's) 5 minute or less is desired.
- C. History only as time and help permits.