

Non-Traumatic Shock Adult & Pediatric

2.21

Recognize
Compensated Shock-
Adult

- Anxiety
- Tachycardia
- Tachypnea
- Diaphoresis

SHOCK

**Inadequate tissue
perfusion that impairs
cellular metabolism**

Recognize Compensated Shock - Pediatric:

- Delayed capillary refill
- Decreased or bounding peripheral pulses
- Palpable central pulse, decreased distal pulse
- Cool extremities
- Altered mental status
- Mild tachypnea



NO

Trauma Involved?

YES

See Shock – Traumatic Protocol 4.4

Consider

ADULT: Administer 0.9% NaCl in 250 ml boluses to maintain BP >90, not to exceed 2000mL without consultation with Medical Control.
PEDIATRIC: Administer fluid bolus of 20mL/kg of 0.9% saline by syringe push method (may repeat to a maximum **60** mL/kg) to improve clinical condition (capillary refill time ≤ 2 seconds, equal peripheral and distal pulses, improved mental status, normal breathing.)
ADULT & PEDIATRIC: Obtain finger stick lactate level (if available and trained) & consider vasopressors via pump per **Medical Control**



Consider

CARDIOGENIC SHOCK

Primary
pump failure
Decreased
cardiac
output

See [Congestive Heart Failure - Adult Protocol 3.3](#)



*For pediatric cardiogenic shock administer fluid bolus of 10mL/kg of 0.9% saline by syringe push method. Repeat bolus per Medical Control.



Consider

DISTRIBUTIVE SHOCK

Inadequate
blood
volume
distribution.

Known history of AI or recent illness, see [Adrenal Insufficiency Protocol 2.1](#)
Systemic response to an allergen, see [Anaphylaxis/Allergic Reaction Protocol 2.2A&P](#)
Overwhelming response to an infection, see [Septic Shock Protocol 2.20 A&P](#)

Consider

HYPOVOLEMIC SHOCK

Insufficient
circulating
volume.

Abdominal pain with vaginal bleeding see [OB/GYN Protocol 2.16](#).
Nausea and vomiting see [Nausea Vomiting Protocol 2.12](#).
For GI bleeding see [Abdominal Pain Protocol 2.0](#).
Heat exposure, see [Hyperthermia Protocol 2.9](#).

Consider

OBSTRUCTIVE SHOCK

Obstruction
of blood flow
outside the
heart

For cardiac tamponade, rapid transport, treat arrhythmias per [Cardiac Protocols 3.0 – 3.6](#).
For spontaneous pneumothorax: consider needle decompression per [Thoracic Injury Protocol 4.6](#).
For pulmonary embolism: rapid transport and see [Airway Management Protocol 5.0](#).