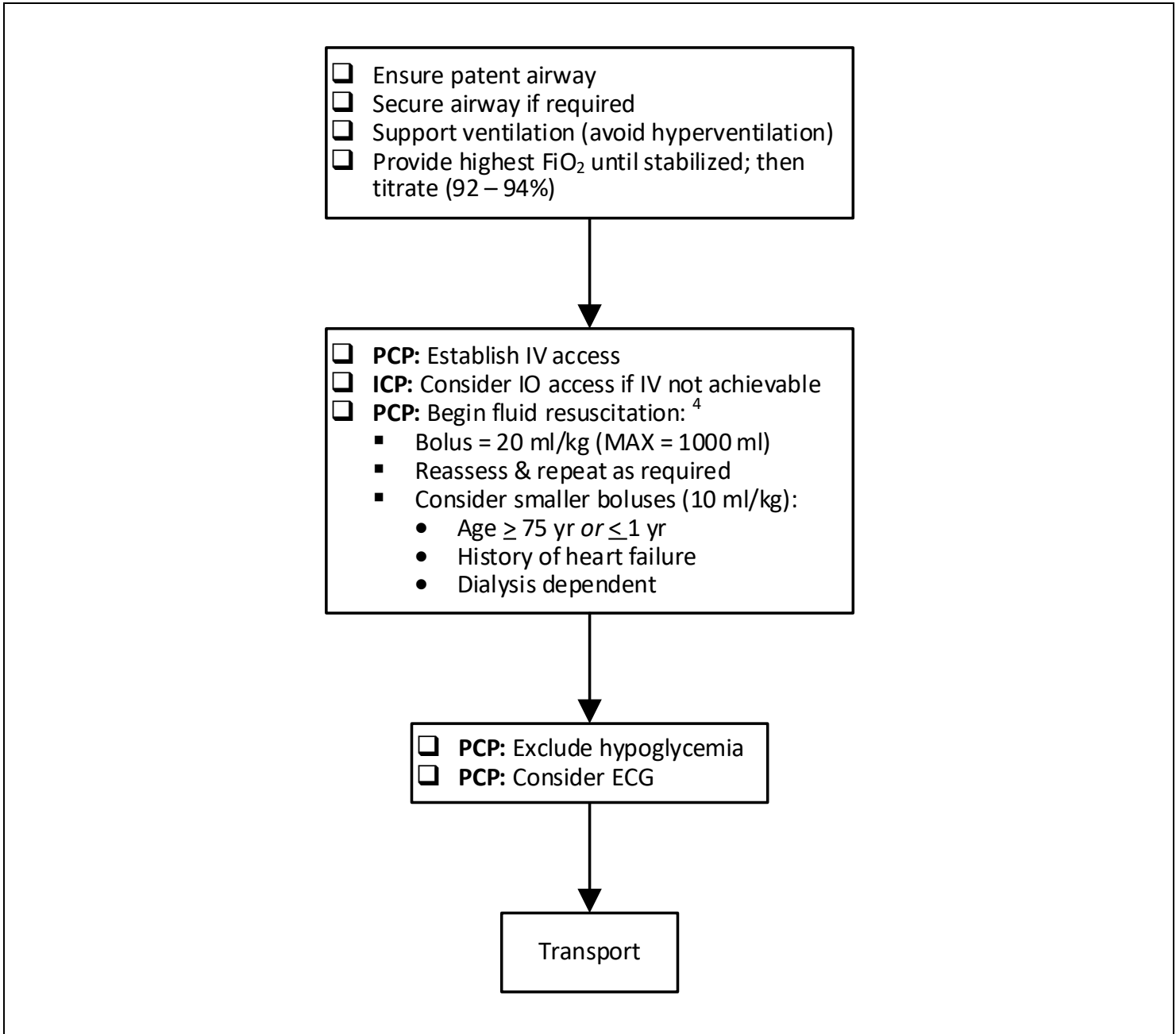
	C07.1 - HYPOVOLEMIC & SEPTIC SHOCK	
	All ages	RESUSCITATION
Version date: 2023-08-05		Effective Date: 2024-02-13 (0700)



IDENTIFIER:	EMR: EMR only	PCP: PCP & ICP	ICP: ICP only	None - All providers
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INDICATIONS

- Known or suspected shock not due to hemorrhage, anaphylaxis, adrenal insufficiency, or cardiac causes

CONTRAINDICATIONS

- For shock from blood loss not due to major trauma refer to C07.2 - HEMORRHAGIC SHOCK
- For shock due to a cardiac cause refer to C07.3 - CARDIOGENIC SHOCK
- For shock from blood loss following delivery refer to D08 - POSTPARTUM HEMORRHAGE
- For shock with known or suspected anaphylaxis refer to E03 - ANAPHYLAXIS
- For shock with known adrenal insufficiency refer to E05 - ADRENAL CRISIS
- For shock due to blood loss from major trauma refer to F01 - MAJOR TRAUMA



NOTES

1. *Shock* is defined as a state of inadequate tissue perfusion. Although hypotension may be present, no specific blood pressure value defines shock. Shock may be present with a normal pressure. Multiple factors (eg. age, fitness, medications) may impact the vital signs and complicate the presentation of shock.
2. The common categories and causes of shock not due to trauma include:
 - **Hypovolemia** (eg. vomiting, diarrhea, decreased oral intake, polyuria)
 - Hemorrhage (eg. GI bleed, epistaxis, nonpregnant vaginal bleeding)
 - **Sepsis** / infection
 - Cardiogenic (eg. myocardial infarction, arrhythmia, acute valve dysfunction, myocarditis & cardiomyopathy)
 - Obstructive (eg. tension pneumothorax, pericarditis)
 - Anaphylaxis
 - Adrenal insufficiency (adrenal crisis)
 - Neurogenic
3. A specific cause of shock can sometimes be difficult to determine, and more than one condition may contribute to the shock state (eg. myocardial dysfunction with sepsis). Once others causes have been excluded, the two most common reasons are sepsis and hypovolemia, which can be hard to differentiate. However, the initial management of both is vigorous fluid resuscitation.
4. Emerging evidence suggest that lactated Ringer's solution may improve outcomes in septic shock.

LINKS

C07.2 - HEMORRHAGIC SHOCK
 C07.3 - CARDIOGENIC SHOCK
 D08 - POSTPARTUM HEMORRHAGE

E03 - ANAPHYLAXIS
 E05 - ADRENAL CRISIS
 F01 - MAJOR TRAUMA

APPROVED BY	
	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X03 for change tracking)
<ul style="list-style-type: none">• Identifier legend at bottom of flow chart replaces work scope statement in header