TREATMENT PROTOCOL: NON-TRAUMATIC HYPOTENSION

1. Basic airway
2. Pulse oximetry
3. **Oxygen** prn
   - High flow O₂ (15L/min) for all patients with poor perfusion (shock)
4. Advanced airway prn
5. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
6. Venous access

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<tr>
<th>CLEAR BREATH SOUNDS</th>
<th>PULMONARY EDEMA</th>
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| 7. **Normal Saline 10mL/kg IV/IO**  
Reassess after each 250mL for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops | 7. **ESTABLISH BASE CONTACT (ALL)** |
| 8. **ESTABLISH BASE CONTACT (ALL)** | |
| 9. Repeat **Normal Saline 10mL/kg IV/IO**  
Reassess after each 250mL for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops | 8. **Push-dose Epinephrine**  
Mix 1mL Epinephrine 0.1mg/mL (IV formulation) with 9mL Normal Saline in a 10mL syringe. Administer **Push-dose Epinephrine 1mL IV/IO every 1-5 minutes**, titrate to maintain a SBP >90mmHg |
| 10. If poor perfusion and patient not responding to fluids or pulmonary edema develops: **Push-dose Epinephrine**  
Mix 1mL Epinephrine 0.1mg/mL (IV formulation) with 9mL Normal Saline in a 10mL syringe. Administer diluted **Epinephrine 1mL IV/IO every 1-5 minutes**, titrate to maintain a SBP >90mmHg | |

**SPECIAL CONSIDERATIONS**

In addition to Provider Impression ‘Shock/Hypotension’ this treatment protocol includes, but is not limited to, treatment of the following provider impressions when accompanied by poor perfusion:
- Fever/Sepsis
- Lower/Upper GI bleeding
- Pregnancy complication
- Vaginal bleeding

If 2nd or 3rd trimester hemorrhage, place patient in left lateral position to decrease pressure on the vena cava, enhance maternal blood flow, and increase overall perfusion.