



**INITIAL SHOCK &
HYPOVOLEMIC ORDERS**

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IMPRINT PATIENT PLATE WITHIN THIS BOX

FAX ORDERS TO PHARMACY ASAP

Allergies:	Ht:	Wt:
1. Goals: SaO₂ >92%; Work of breathing; MAP ≥ 70 or _____; U/O ≥ 1/2 mL/kg/hour		
Good peripheral perfusion and capillary refill ≤ 3 seconds,		
Mixed venous SvO₂ ≥ 65; Central Venous SvO₂ ≥ 70		
2. A. Administer O ₂ . Assess work of breathing, keep SaO ₂ > 92%		
B. Monitor cardiac rhythm, treat dysrhythmia per DYSRHYTHMIA ORDERS		
C. Insert two 16 gauge IVs or central line, start crystalloid resuscitation per fluid challenge protocol		
If shock state persists call MD:		
• Consider intubation to decrease work of breathing and/or to control airway		
Increase oxygenation		
• Set TV 7 to 10 mL/kg- keeping static pressure ≤ 30.		
Monitor for air trapping, which worsens hypotension		
• If patient is not meeting goals continue FLUID CHALLENGE ORDERS (see #10) and call MD		
• If patient is not meeting goals and Hgb < 10, transfuse with PRBC to keep Hgb > 10 and call MD		
3. Start COAGULATION REPLACEMENT ORDERS if patient is actively bleeding and more than 3 units PRBC required or if PTT > 40 or INR > 1.5 & ProTime prolonged and, call MD with coags		
4. If MAP < 60 begin pressors to achieve MAP ≥ 70		
<input type="checkbox"/> Norepinephrine 8mg/250mL start at 0.05 mcg/kg/minute titrate to effect.		
When MAP ≥ 70 add:		
<input type="checkbox"/> Dobutamine 500mg/250ml at 2mcg/kg/minute for gut perfusion when map ≥ 70		
<input type="checkbox"/> Dopamine 400mg/250mL start at 5 mcg/kg/minute titrate to effect		
<input type="checkbox"/> Epinephrine drip 5mg/ 250mL for Anaphylactic Shock at initial rate of 1 mcg/minute; titrate to maintain SBP > 90 or MAP > 60		
5. Transfer ASAP to: ICU Shock / Bed / Operating Room:		
6. Serum Lactate 4 hours after initial serum lactate drawn, if 4 hour lactate level not decreasing call MD		
<input type="checkbox"/> Other:		
7. Call MD if:		
• PaO ₂ /FiO ₂ ratio < 200 or oxygenation deteriorating		
• FiO ₂ > 50% is required and not decreasing		
8. PaO₂/ FiO₂ ratio < 300 & diffuse pulmonary infiltrates are present without left atrial hypertension, place on RotoRest bed & start ARDS ventilation / sedation / weaning orders		
MD Signature:	Date:	Time:
Unit Clerk:	Date:	Time:
	Noted by RN:	Date: Time:



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9. For patient not meeting BP, peripheral perfusion, SvO₂/ ScvO₂, U/O goals, continue

FLUID CHALLENGE ORDERS

LR 500 mL NS 500 mL Hextend 500 mL (**max 1 L**) rapid infusion over 10 minutes using a pressure bag via 16 gauge IV or central line

- Recheck BP, HR, U/O, peripheral perfusion, SvO₂/ ScvO₂, and arterial oxygenation if goals unmet and lungs are NOT adversely effected, and CVP < 15 or did not increase by > 5 continue with:

LR 500 mL NS 500 mL Albumin 5% 250 mL

- If CVP > 15 or increases by > 5 with fluid challenge and goals not met, or if MAP > 70 and goals not met add: Dobutamine 500mg/250ml at 2mcg/kg/minute and titrate to effect.

- If oxygenation worsening or patient unresponsive to fluid, consider PA line and cardiac echo

10. For patient on warfarin or factor deficiency with life-threatening bleeding:

Factor 9 complex, 75 units/kg IVPB infused at 2mL/minute with the understanding of hepatitis risk

Factor 7a 20 401 mcg/kg IVP over 5 minutes—must be given with 2 units of FFP and 10 units cryoprecipitate if fibrinogen < 100

11. IF SHOCK CONTINUES & HYPOVOLEMIA IS CORRECTED, CONTINUE INITIAL SHOCK ORDERS AND PROCEED TO SPECIFIC SHOCK ORDERS

- Septic/Distributive Shock Cardiogenic or Obstructive Shock Anaphylactic Shock
- Respiratory or Hypoxia Shock

MD Signature:

Date:

Time:

Unit Clerk:

Date:

Time:

Noted by RN:

Date:

Time: