

Hypovolemic Shock	
ADULT	PEDIATRIC
BLS Procedures	
Place patient in supine position Administer oxygen as indicated	Place patient in supine position Administer oxygen as indicated
ALS Prior to Base Hospital Contact	
IV/IO access Normal Saline <ul style="list-style-type: none"> • IV/IO bolus – 1 Liter <ul style="list-style-type: none"> ○ Caution with cardiac and/or renal history ○ Evaluate lung sounds. If signs of CHF, decrease IV/IO to TKO ○ If vital signs return to within normal limits, decrease IV/IO to TKO <u>Traumatic Injury</u> <ul style="list-style-type: none"> • Do not delay transport for first IV/IO attempt • Attempt second IV/IO while enroute to ED • Refer to Policy 705.01- Trauma Treatment Guidelines, for fluid therapy in thoracic, abdominal and pelvic trauma. <ul style="list-style-type: none"> ○ Goal is to maintain palpable peripheral pulses 	IV/IO access Normal Saline <ul style="list-style-type: none"> • IV/IO bolus – 20 mL/kg <ul style="list-style-type: none"> ○ Caution with cardiac and/or renal history ○ Evaluate lung sounds. If signs of CHF, decrease IV/IO to TKO ○ If vital signs return to within normal limits, decrease IV/IO to TKO <u>Traumatic Injury</u> <ul style="list-style-type: none"> • Do not delay transport for first IV/IO attempt • Attempt second IV/IO while enroute to ED
Communication Failure Protocol	
If shock persists: <ul style="list-style-type: none"> • <i>Repeat Normal Saline</i> <ul style="list-style-type: none"> ○ IV/IO bolus – 1 Liter 	If shock persists: <ul style="list-style-type: none"> • <i>Repeat Normal Saline</i> <ul style="list-style-type: none"> ○ IV/IO bolus – 20 mL/kg
Base Hospital Orders only	
Consult with ED Physician for further treatment measures	Consult with ED Physician for further treatment measures