

SHOCK Without Trauma (SWOT) Protocol

Upon Patient Arrival

Non-traumatic hypotension (systolic blood pressure <90) with signs of hypoperfusion:

- ▶ Altered mental status
- ▶ Abnormal heart rate
- ▶ Respiratory distress
- ▶ Decreased urine output

Upon SHOCK Recognition

- ▶ Contact Minneapolis Heart Institute® at 612-863-3911 for a SHOCK consult
- ▶ Activate emergency transport team via fastest route possible
- ▶ 12 lead EKG, if appropriate hands-free defibrillator pads and 2 large bore IVs
- ▶ Draw labs to include Lactate, VBGs, Blood Cultures x 2, CBC, CMP, and INR
- ▶ Oxygen: Maintain SpO₂ > 92%

IV fluid challenge to target MAP > 65

- ▶ NS or LR, 1-2 L IV over 30-60 minutes
- ▶ **CONSIDER SMALLER BOLUS IN LV FAILURE/CARDIOGENIC SHOCK**

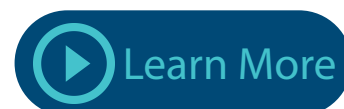
Vasopressor support if MAP < 65 despite IV fluid challenge

- ▶ Norepinephrine: Infuse at 0.5-15 mcg/min

Broad-spectrum antibiotic for suspected sepsis

- ▶ Cefepime: 2 g IV infusion AND
- ▶ Vancomycin: 25-30 mg/kg (actual body weight) IV infusion

- ▶ Consider intubation for respiratory distress, airway protection or acidosis



"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

This information is intended only as a guideline. Please use your best judgment in the treatment of patients.