



EMT-Basic Treatment Protocol 6108

Hypoperfusion (Shock)

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Shock, or hypoperfusion, is decreased effective circulation causing inadequate delivery of oxygen to tissues. Signs of early (compensated) shock include tachycardia, poor skin color, cool/dry skin, and delayed capillary refill. Systolic blood pressure is normal in early shock. In late (decompensated) shock, perfusion is profoundly affected. Signs include low blood pressure, tachypnea, cool/clammy skin, agitation, and altered mental status.

Shock may be a result of several mechanisms, including internal or external bleeding or fluid loss from burns, vomiting, diarrhea, dehydration, severe infection and other non-traumatic causes.

- A. **Perform MAMP Protocol 6201 or TAMP Protocol 6101** as appropriate.
- B. Manage airway and oxygenation per **Airway Management Protocol 6901**.
- C. Control external bleeding.
- D. Prevent heat loss.
- E. Request ALS backup and/or aeromedical evacuation – do not delay transport – meet en route.
- F. Immobilize trauma patients as indicated per **Spinal Trauma Protocol 6103**.
- G. If anaphylaxis or allergic reaction, refer to **Allergic Reaction/Anaphylaxis Protocol 6501**.
- H. Consider elevating lower extremities.
- I. Transport – continue treatment en route.

J. **Contact Medical Command.**

