Minneapolis Heart Institute®

Allina Health
ABBOTT NORTHWESTERN HOSPITAL

SHOCK Without Trauma (SWOT) Protocol

Assessment and Indications

- ☐ **Non-traumatic hypotension** (MAP < 65) with signs of hypoperfusion
  - ☐ Altered mental status
  - ☐ Abnormal heart rate
  - ☐ Respiratory distress
  - ☐ Decreased urine output

Initial Management

- ☐ Contact MHI/ANW at **612-863-3911** to page intensivist for SHOCK consult
- ☐ Activate emergency transport team (air, if not contraindicated)
- ☐ 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: to 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
- ☐ Consider CXR if condition warrants (send film with patient)

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