

Kittitas County Prehospital EMS Protocols

SUBJECT: UNEXPLAINED HYPOTENSION

- A. Establish and maintain airway.
- B. If stable, administer O₂ @ 4-6 lpm per nasal cannula.
- C. If unstable, administer O₂ @ 12-15 lpm per non-rebreather mask.
- D. Serial vital signs.
- E. Establish cardiac monitor.
- F. Establish large-bore IV access with **Isotonic Crystalloid** and bolus in 250-500 mL increments based on patient's BP and clinical findings, up to a total max of 2L.
- G. If no improvement and no signs of CHF, establish second large bore IV with **Isotonic Crystalloid**.
- H. If hypotension is still present and not secondary to dysrhythmia or volume depletion,
 1. If the BP is < 70 mm Hg (MAP \leq 65), consider **Levophed** if no response or inadequate response to fluid challenges. Initial rate of 2-4 mcg/min IV/IO titrated to maintain systolic blood pressure >90mmHg. Consult drip table for rates, rate adjustments should be limited to 2-4mcg/min every 5 minutes, up to 30mcg/min.
 2. If the BP is < 80 mmHg (MAP \leq 65), consider **Epinephrine** infusion. Mix 1 mg Epinephrine per every 100 ml Isotonic Crystalloid for a concentration of 10 mcg/ml. Infuse at a rate of 2-10 mcg/min.
 3. Should severe tachycardia occur at any time decrease, or discontinue administration of **Levophed or epinephrine**.