

Kittitas County Prehospital Care Protocols

Subject: UNEXPLAINED HYPOTENSION

General

- 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. Consider pneumatic antishock garment (PASG).
- F. Establish cardiac monitor.
- G. Draw blood for type and crossmatch.
- H. Establish large-bore IV access with **NaCl**, and bolus in 200 mL increments to patient's BP and clinical findings, up to a total of 500 mL.
- I. If no improvement and no signs of CHF, establish second large-bore IV with **NaCl**.
- J. If hypotension is still present and not secondary to dysrhythmia or volume depletion,
 1. If the BP is < 70 mm Hg, infuse **dopamine** 400 mg in 250 mL D₅W for a concentration of 1600 ug/mL. Administer IV piggyback @ 5 ug/kg/minute titrating to a maximum of 20 ug/kg/minute or until systolic BP is > 90 mm Hg.
 2. Should severe tachycardia occur at anytime, decrease or discontinue administration of **dopamine**.

Effective Date: May 26, 2004

Medical Program Director: