

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 **Istonic Crystalloid** and bolus in 200 mL increments to patient's BP and clinical findings, up to a total of 500 mL.
- 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, 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. If the BP is < 70 mmHg, consider **epinephrine** infusion. Mix 1 mg epinephrine per every 100 ml Isontonic Crystollid for a concentration of 10 mcg/ml. Infuse at a rate of 2-10 mcg/min.
 - 3. Should severe tachycardia occur at anytime, decrease or discontinue administration of **Dopamine or epinephrine**.