

Level One SHOCK Worksheet

Date _____

Times: S/S Onset _____ ED Arrival _____ 1st EKG _____

Clinical Findings: _____

BP _____ HR _____ Rhythm _____ Sending Physician _____

Allergies _____

Allergy to IV contrast? YES NO If yes, list pretreatment meds below. Ht _____ Wt _____

Past Medical History _____

Labs: Na _____ K _____ Cr _____ Troponin I _____ Lactate _____

PT/INR _____ Hgb _____ WBC _____ Platelets _____ Glucose _____

ABGs: pH _____ PaCO₂ _____ PaO₂ _____ HCO₃ _____

Is patient intubated? Yes No If yes, was patient given paralytics? Yes No

MEDICATIONS	Dose/Rate	Time	Given by
IV fluids, 1-2 L at 100-1000 ml/hr, continuous infusion			
RESTRICT fluids for LV failure/cardiogenic shock			
Norepinephrine, per facility protocol			
DOBUTamine, per facility protocol			
DOPamine, per facility protocol			
Epinephrine, per facility protocol			
Antibiotic, per facility protocol			
Oxygen to maintain SpO ₂ >92%, prn			
Other Med:			
Other Med:			
Other Med:			

FAX THIS FORM AND ANY PERTINENT PAPERWORK TO 1-844-206-0071



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