Minneapolis Heart Institute®

Allina Health

ABBOTT NORTHWESTERN HOSPITAL

SHOCK Without Trauma (SWOT) Protocol

Upon Patient Arrival

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

Upon SHOCK Recognition

- ☐ Contact MHI/ANW at **612-863-3911** to page intensivist for SHOCK consult
- ☐ Activate emergency transport team (air, if not contraindicated)
- ☐ 12 lead EKG, monitor with hands-free defibrillator pads, 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)

"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

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

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