HYPOTENSION
(Symptomatic with systolic < 90 mmHg)

Assess and maintain CAB’s
Administer O₂ if needed
Assess vitals
Apply monitors (EKG, B/P, Resp Pulse Ox)
Review history/ Physical exam
Establish IV access

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Administer fluid bolus’ (1-2 liters)
(If lung sounds are clear)

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If needed and lung sounds are still clear
Repeat fluid bolus

May Consider:
Norepinephrine:
If SBP <70 and patient
has signs of shock
0.1-0.5 mcg/kg/min

May Consider:
Epinephrine infusion
0.1-0.5 mcg/kg/min

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Reassess BP
If still low

Dopamine drip 2-10mcg/kg/min
(generally start at 5mcg/kg/min)
(not to exceed 20mcg/kg/min)

*Reminder: Treat the rate, then the rhythm, then the blood pressure

Quick tip:
If hypotension is caused by a dysrhythmia, FIX THE RHYTHM:

• Try to identify cause of hypotension (hypovolemia, pump failure, profound vasodilation) to help identify the most effective treatment

• Watch for unwanted cardiac symptoms such as tachycardia or ectopy when using Norepinephrine, Dopamine, or Dobutamine