

I. General Consideration

- A. The causes of hypotension are many and varied, but the initial approach to the patient should be the same.
 - B. Hypotension which comes on suddenly or quickly is frequently more concerning and catastrophic than hypotension which comes on slowly or gradually.
 - C. The primary focus remains on the ABCs with rapid movement to definitive care.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. What are the patient's presenting symptoms?
 - B. Have the symptoms come on gradually or suddenly?
 - C. Has there been any associated pain or discomfort and where is it?
 - D. Has there been any fever or teeth chattering chills?
 - E. Has there been diarrhea or vomiting, especially with blood (coffee grounds vomitus or black, tarry stools)?
 - F. Does the past medical history include high blood pressure, cardiovascular disease, pulmonary disease, ulcers or intestinal bleeding?
 - G. Has there been any trauma?
 - H. Has the patient experienced lightheadedness or dizziness upon sitting or standing?
 - I. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
 - J. Has the patient experienced any irregular heart action (palpitations)?
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III. Physical Exam

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam.
- C. Assess the patient's level of consciousness.
- D. Assess the breath sounds if you are trained to do so.

Paramedic

- E. Assess the cardiac rhythm.
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IV. Treatment

{If patient's mental status is depressed, follow the **altered level of consciousness** protocol.}

Basic

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Place the patient supine.
- D. Monitor the vital signs frequently.
- E. **For EMTs-** *If signs of shock are present, seek medical direction regarding use of PASG.*

Intermediate

- F. Secure IV access.
- G. *Administer a fluid bolus if ordered by medical direction.*

Paramedic

{Consider arrhythmias/dysrhythmias as causes of hypotension and refer to the appropriate **arrhythmias/dysrhythmias** protocol as necessary}

- H. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols. If authorized by medical direction, obtain a 12-lead EKG.
- I. *Initiate infusion of dopamine if ordered by medical direction.*