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**MEDICAL DIRECTIVE**  
**Critical Care Outreach Team (CCOT) –**  
**Hypotension/Shock**

Approved by/Date: Medical Advisory Committee – October 27, 2015

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**Authorizing physician(s)**

Intensivists who are part of the Critical Care Physician Section

**Authorized to who**

CCOT Responders (RRTs and RNs) that have the knowledge, skill and judgment and who have successfully attained certification by a course of self-study supplied by the Intensivist – Educators appointed by the Authorizing Physicians, participated in Didactic and Simulation education, completed orientation with Critical Care Outreach Team, and have successfully passed examinations.

**Patient Description / Population**

Adult Patients over 18. Patients presenting with signs and symptoms of hypotension (systolic blood pressure less than 90mmHg or drop in systolic BP greater than 20mmHg from patient's normal), unexplained tachycardia, dysrhythmia, high or low temperatures and/or internal or external bleeding.

**Medical Directive Description/Physician's Order**

1. Manage the airway including support of oxygenation and ventilation
2. Initiate monitoring including cardiac, blood pressure and pulse oximetry
3. Oxygen therapy to maintain saturation above 92%, COPD 88-92%
4. Vital signs including temperature q 5 – 30 min and PRN
5. Review patient history and diagnosis including recent antibiotics
6. Stat Blood Work (CBC, electrolytes, glucose, urea, creatinine, lactate, CK, Troponin, INR, APTT, Group and Screen)
7. Stat POC or i-Stat ABG or VBG (pH, pO<sub>2</sub> and pCO<sub>2</sub>)
8. Urine Screen (dip stick)
9. Blood culture x 2, sputum culture and urine culture if temperature greater than 38C
10. Portable Chest X-ray – upright if possible
11. Insert a large (18 if possible) gauge IV
12. Intraosseous access may be attained when it is a very unstable, life threatening situation and when IV access has not been successful after 2 attempts or 90 seconds of searching for a suitable vein
13. If systolic blood pressure is less 90mmHg or a drop in systolic BP greater than 20

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Originating Committee: Critical Care – June 18, 2015

Medical Advisory Committee: October 27, 2015

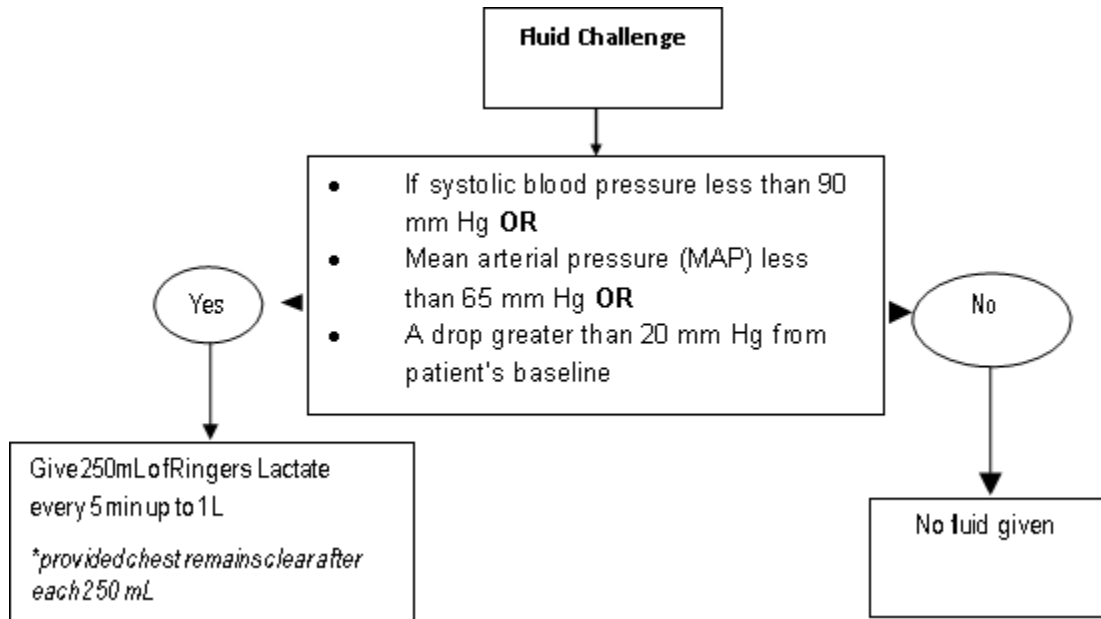
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mmHg from patient's baseline or a Mean Arterial Pressure (MAP) of less than 65 mmHg, initiate a fluid crystalloid solution (Ringers Lactate or PlasmaLyte) challenge (250mL in 5 minutes) and may repeat to maximum of 1 litre if chest remains clear on auscultation



### Specific conditions/circumstances that must be met before the Directive can be implemented

- The patient must have symptoms suggestive of a low blood pressure unexplained tachycardia, dysrhythmia, high or low temperatures and /or internal or external bleeding on initial assessment.
- Each intervention will be explained to the patient and/or family when possible.



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#### **Contraindications to the implementation of the Directive**

- Patient refuses therapy.
- Patient is not capable of cooperating with the procedures.

#### **Identify relevant Delegated Control Act or Added Skill associated with this Directive**

Administering a substance by injection or inhalation.

Performing a procedure below the dermis:

- IV Insertion Certification
- IO Insertion Certification

#### **Documentation requirements**

- Implementation of the Medical Directive must be documented on the chart under physician orders.
- Response to medications administered must be documented in the CCOT note.

#### **Review/Evaluation Process (how often/by who)**

Every 2 years by Medical Department - Emergency Medicine and Critical Care Council.

#### **Related Documents**

ORNGE Medical Directives and Standing Orders. Altered Level of Consciousness-Hypoglycemic Emergencies Medical Directive. April. 2010. Pg. 13-14.

ORNGE Medical Directives and Standing Orders. Circulation-Volume Replacement in Hypovolemic Hypotensive Medical Directive. May. 2006. Pg. 62.

Hamilton Health Sciences Corporation. Critical Care Response Team: Care of the Patient with Dysrhythmia Medical Directive. Ontario. Canada. 2003.

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