



Dehydration / Hypovolemia/ Hypotension

Adult Medical

Austin County
EMS Protocol & Guideline

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Overview: Dehydration / Hypovolemia occur when the uses or loses more fluid than it takes in, and the body doesn't have enough water and other fluids to carry out its normal functions.

Definition: A decreased volume of circulating blood in the body.

EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- Place Patient in **Trendelenburg** position
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO₂ monitoring appropriate to patient presentation
- Obtain **BGL**
- **Ondansetron** 4mg tablet - May repeat once -for Nausea & Vomiting

AEMT

- Establish IV or IO of **Normal Saline** IV fluid bolus– 300-500 ml may repeat up to 2 liters, PRN, reassess for signs of pulmonary edema. Goal is SBP of 90 mmHg or greater and signs of adequate perfusion.
- **Ondansetron** 4mg IVP – may repeat once
- **Diphenhydramine** 12.5-25 mg IV – 25-50 IM, **Max** dose 50 mg - Use half dose in elderly patients

Paramedic

- **Epinephrine IV infusion**, 1 mg of **1 :10;000 Epinephrine** in a 100 NS bag - titrated to B/P for hypotension that does not respond to Normal Saline fluid bolus – minimum of 2 liters
- Or**
- **Dopamine 5 to 20 mcg/kg/min** titrated to maintain systolic BP of 90 mmHg or greater

PEARLS

- Use caution with fluid boluses in the elderly
- You should be treating fluid or container problems, not pump problems
- Fluid should flow in at a rate of 150 ml/min, so about 500 ml over 3-5 minutes
- Utilize Warm fluids for boluses, unless patient is febrile