INDICATIONS:
1. Suspected Septic Shock unresponsive to fluid resuscitation.
2. Distributive (spinal) Shock unresponsive to fluid resuscitation.
3. Cardiogenic Shock unresponsive to initial fluid challenge (250 mL normal saline) or presenting with evidence of pulmonary edema (pulmonary basilar rales).

CONTRAINDICATIONS:
1. Hypovolemic Shock (hemorrhage or dehydration) prior to fluid resuscitation and volume replacement.
2. Non-shock (perfusing) states
3. Suspected stimulant drug intoxication

PROCEDURE:
Base Hospital contact and order required.
Mixing instructions:
- Take epinephrine 1 mg of 0.1 mg/mL preparation (cardiac epinephrine) and waste 9 mL of epinephrine.
- Into that syringe, withdraw 9 mL of normal saline from the patient’s IV bag. Shake well.
- Mixture now provides 10 mL of epinephrine at a 10 mcg/mL concentration.

Push Dose:
- 0.5 mL (5 mcg) IV/IO, every 3 minutes, titrate to a SBP > 90.