### Indication
- Patients exhibiting signs and symptoms consistent with shock or who are hemodynamically compromised, or have the potential to become hemodynamically compromised.

### Contraindication
- Respiratory distress secondary to pulmonary edema.
- Presence of rales during assessment of lung sounds.

### Procedure
- Establish IV/IO access. Large bore access is preferred.
- Evaluate need for fluid challenge per appropriate field treatment guideline.
- Assess vital signs and lung sounds prior to administration and every 250 mL increments of fluid challenge.
  - **Adults**: IV/IO; Administer 500 mL of normal saline. May repeat once. The goal is to achieve and maintain a systolic blood pressure of 90 mmHg.
    - Septic patients should receive a rapid infusion of up to 30 mL/kg without base contact.
  - **Pediatrics**: IV/IO; administer according to PediaTape weight calculation and [Pediatric Medication Reference Cards](#).

  ***Base hospital contact required for additional dosing***

### Key Concepts
- Continuous ETCO₂ monitoring should be used.
- TBI patients who experience one episode of a systolic blood pressure < 90 mmHg can have a 150% increase in mortality.