



POLICY: 554.82
TITLE: Traumatic Shock

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Traumatic Shock

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STANDING ORDERS

ASSESS	CAB
SECURE AIRWAY/INTUBATE	Use simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Procedures Protocol 554.00
OXYGEN	Oxygen delivery as appropriate.
SPINE IMMOBILIZATION	If indicated, refer to General Procedures Protocol 554.00
UNCONTROLLED HEMORRHAGE	Place a tourniquet for uncontrolled extremity hemorrhage. Pack truncal penetrating injuries with Hemostatic dressings if applicable
POSITION	Do not use Trendelenberg (feet elevated) position. If patient is pregnant place patient on left side, or tilt spine board 30° to left.
IV/IO ACCESS	Two 14-16 gauge IV/IO, wide-open until systolic BP 80 mmHg or 2L infused, then TKO. If systolic BP remains less than 80mmHg, give 250 ml boluses until systolic BP reaches 80 mmHg. Reassess the patient after each bolus.
TENSION PNEUMOTHORAX	Refer to Tension Pneumothorax Protocol 554.23