| Treatment Protocol | 4301 |
|---|---|

| Effective | Expires |
|---|---|
| July 1, 2018 | March 31, 2019 |

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|---|---|---|
| Policy: **Shock Due to Trauma** | Approval: Medical Director **Reza Vaezazizi, MD** | Signed |
| Applies To: **PSP, EMT, AEMT, PM, MICN, BHP, EMS System** | Approval: REMSA Director **Bruce Barton** | Signed |

**Enter from the Universal Patient Treatment Protocol**
*For specific Emergency Stabilization or Patient Management of* **Shock Due to Trauma**

PSP | EMT | AEMT | PM

## Pertinent Findings

| Environment | History | Physical | Differential |
|---|---|---|---|
| *Traumatic MOI*<br>*Blood loss* | *Mechanism of injury*<br>*Time of event*<br>*Estimated blood loss*<br>*SAMPLE history*<br>*Antiplatelets or anticoagulants:*<br>*Aspirin, Plavix, Coumadin, etc.* | *Altered mental status*<br>*Pale, ashen, cyanotic, cool, wet skin signs*<br>*Altered respirations*<br>*Tachycardia*<br>*Hypotension*<br>*Arrest* | *Cardiogenic shock*<br>*Arrhythmia, infarction*<br>*Distributive shock*<br>*Anaphylactic, neurogenic, septic*<br>*Hypovolemic shock*<br>*Hemorrhagic blood loss, burns*<br>*Obstructive shock*<br>*Embolism, tamponade, tension pneumo* |

## Emergency Stabilization or Patient Management

| | PSP | EMT | AEMT | PM |
|---|---|---|---|---|
| *Do not delay transport with nonessential treatment of the nonentrapped, transport ready, critical trauma patient*<br>*Attempt to limit scene time to 10 minutes or less when Trauma Triage Criteria are met*<br><br>Control bleeding using direct pressure and/or pressure dressing(s) as clinically indicated<br><br>Position patient supine to meet physiologic requirements: Avoid Trendelenburg or elevating legs for shock<br><br>Keep patient warm | ✓ | ✓ | ✓ | ✓ |
| Control bleeding using tourniquet(s) as clinically indicated<br><br>*Do not delay contacting the trauma base hospital, as required for the critical trauma patient* | | ✓ | ✓ | ✓ |
| Establish IV access during transport of the non-entrapped, transport ready critical trauma patient<br><br>Establish, maintain, and ensure bilateral, large bore IV access for shock due to trauma<br><br>0.9% Normal Saline IV/IO bolus<br>As clinically indicated for shock due to trauma<br>See the REMSA Calculation Chart for concentration, and patient specific dosage and volume<br>May repeat as clinically indicated<br>Use a volume control chamber IV set during pediatric administration | | | ✓ | ✓ |

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**Emergency Stabilization or Patient Management** *(continued)*

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| 0.9% Normal Saline IV/IO TKO<br>As clinically indicated for trauma<br>Use a volume control chamber IV set during pediatric administration<br><br>Establish, maintain and ensure IO access in the pediatric patient when required for shock due to trauma | | | AEMT | PM |
| Tranexamic Acid (TXA)<br>For hemorrhagic shock due to trauma within 3 hours of injury, must have either:<br>Signs and symptoms of hemorrhagic shock with SBP < 90 mmHg<br>Significant hemorrhage with heart rate >/= 120<br>Administer IVPB with 50-100 mL NS over 10 minutes<br>See the REMSA Calculation Chart for concentration, and patient specific dosage<br>Repetition requires a base hospital order (BHO) | | | | PM |
| Establish, maintain, and ensure IO access in the adult patient when required for shock due to trauma<br><br>Perform needle thoracostomy for:<br>Signs and symptoms of tension pneumothorax when compromised cardiac output is present with rapidly progressing respiratory distress unrelieved by less invasive means. | | | | PM |
| **Traumatic arrest**<br>Follow the REMSA Treatment Protocol for Cardiac Arrest<br>*Do not delay transport with nonessential treatment of the nonentrapped, transport ready, critical trauma patient* | PSP | EMT | AEMT | PM |
| Perform bilateral needle chest decompression for:<br>Cardiac arrest with known/suspected torso trauma | | | | PM |

**Patient Disposition**

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| **Traumatic arrest**<br>If the criteria of the REMSA Policy for Do Not Attempt Resuscitation do not apply:<br><br>Transport the blunt trauma arrest patient to the closest prehospital receiving center (PRC)<br><br>Transport the penetrating trauma arrest patient to:<br>The closest trauma center if bypassing any PRC increases transport time by no more than 10 minutes<br>Otherwise, transport the penetrating trauma arrest patient to the closest PRC | | EMT | AEMT | PM |
| **Return to Universal Patient Treatment Protocol**<br>*For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management* | PSP | EMT | AEMT | PM |

***** ***** **Base Hospital Orders** ***** *****

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| Initiate, repeat, or modify standing orders within scope of practice<br>As ordered<br><br>Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination<br>As ordered<br>Mode of transport is an operational decision | | EMT | AEMT | PM |