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Executive Director

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Medical Director

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TRAUMATIC SHOCK

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

STANDING ORDERS

ABCs

SECURE AIRWAY/INTUBATE Use simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubating while en route. Confirm placement, if intubated, with end-tidal CO₂ detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

OXYGEN

SPINE IMMOBILIZATION If indicated, refer to ALS Introduction Policy 554.00

CONTROL OBVIOUS BLEEDING

POSITION Do not use Trendelenberg (feet elevated) position. If patient is pregnant place patient on left side, or if in spinal immobilization, tilt spine board 30° to left.

IV/IO ACCESS

Two 14-16 gauge, wide-open until systolic BP 90-100 or 2L infused, then TKO. If systolic BP remains less than 90, give 250 ml boluses until systolic BP 90-100. Reassess the patient after each bolus.

DRESS & SPLINT

As needed

CONSIDER

NEEDLE THORACOSTOMY For tension pneumothorax: On affected side in second intercostal space in midclavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest.

BASE PHYSICIAN ORDERS

MORPHINE Per Base Physician Orders only