

APPROVED: Signature On File In EMS Office
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 a patient treatment standard for EMT-1s and Paramedics within their scope of practice.
- III. PROTOCOL:

STANDING ORDERS

ASSESS	CAB
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 intubation/perilaryngeal airway. Refer to General Procedures Protocol 554.00
OXYGEN	Oxygen delivery as appropriate.
SPINE IMMOBILIZATION	If indicated, refer to General Procedures Protocol 554.00
CONTROL OBVIOUS BLEEDING	Consider tourniquet for uncontrolled extremity hemorrhage.
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 90-100mmHg or 2L infused, then TKO. If systolic BP remains less than 90mmHg, give 250 ml boluses until systolic BP 90-100. Reassess the patient after each bolus.
DRESS & SPLINT	As needed
TENSION PNEUMOTHORAX	Refer to Tension Pneumothorax Protocol 554.23