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Executive Director

SIGNATURE ON FILE IN EMS OFFICE  
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 CO<sub>2</sub> detector and esophageal detector device. **Continuous waveform capnography should be used in all intubated patients, if available.**

**OXYGEN**

Oxygen delivery as appropriate

**SPINE IMMOBILIZATION**

If indicated, refer to ~~ALS Introduction Policy~~ General Protocols 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