

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Trauma Shock / Fluid Resuscitation**

**Overview:** In a trauma event, there is a potentiality that fluid resuscitation will benefit a patient in certain circumstances. The BLS Provider will need to facilitate the patient's care through ILS/ALS intercept to accomplish this fluid resuscitation. This protocol will outline the parameters in the pre-hospital treatment for a patient with shock.

**INFORMATION NEEDED**

- Patient complaint.
- Pertinent past medical history (fluid loss, nausea, vomiting, diarrhea, fever, infection, ingestion, allergic reactions, cardiac, or respiratory disease)
- Mechanism of injury.
- Current medications

**OBJECTIVE FINDINGS**

**Compensated Shock**

- Anxiety, agitation, restlessness
- Tachycardia
- Normotensive
- Capillary refill normal to delayed
- Symptoms mild to moderate

**De-compensated Shock**

- Decrease L.O.C.
- Tachycardia to bradycardia
- Hypotensive (late sign)
- Delayed capillary refill
- Pale, cool, clammy skin

Note:

- Physical signs of trauma
- Assess for other associated injuries

**TREATMENT**

- Prepare for rapid transport
- Assess patient, scene safety, mental status (AVPU)
- Control airway. Use appropriate oxygen and airway adjuncts as needed. Consider Combi-tube
- Control external bleeding with direct pressure
- C-spine control if indicated
- Raise legs or foot of spine board 12 inches
- Cover open wounds with sterile dressings.
- Reassess airway frequently
- Transport as soon as possible, consider ALS intercept.

**Documentation of adherence to protocol:**

- Mechanism of injury
- Oxygen and airway interventions
- Trauma exam documented
- C-spine immobilization.

**PRECAUTIONS AND COMMENTS**

- Recheck airway and breathing and circulation frequently.
- Be prepared to turn entire spine board and suction if patient vomits
- Pulmonary edema is absolute contraindication for use of MAST pants.
- Suspect mechanical shock (tension pneumothorax)

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EMT-Paramedic**

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**TREATMENT**

- Prepare for rapid transport
- Assess patient, scene safety, mental status (AVPU)
- Control airway. Use appropriate oxygen and airway adjuncts as needed. Consider intubation.
- Control external bleeding with direct pressure
- C-spine control if indicated
- Raise legs or foot of spine board 12 inches
- Apply cardiac monitor
- IV access with Normal Saline
- If hypovolemic (SBP <90mmHg) 500ml bolus of NS, repeat as needed to achieve SBP of 90 mmHg.
- If neurogenic (SBP <90mmHg and evidence of spinal injury) 500ml bolus of NS, repeat as needed to achieve SBP of 90 mmHg.
- If bleeding controlled and volume replaced in neurogenic patient, consider vasopressor  
**Dopamine, 5-10 mcg/kg/min**

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

- \_\_\_ Suspect mechanical shock (tension pneumothorax), perform needle decompression if present
- \_\_\_ Cover open wounds with sterile dressings.
- \_\_\_ Reassess airway frequently
- \_\_\_ Transport as soon as possible, consider paramedic intercept

**Documentation of adherence to protocol:**

- \_\_\_ Mechanism of injury
- \_\_\_ Oxygen and airway interventions
- \_\_\_ Trauma exam documented
- \_\_\_ C-spine immobilization.
- \_\_\_ IV, airway and needle decompression interventions as accomplished. Document reassessment post intervention.
- \_\_\_ Document medication administration

**PRECAUTIONS AND COMMENTS**

- Recheck airway and breathing and circulation frequently.
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