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 be 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)

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate

SMO: Trauma Shock / Fluid Resuscitation

Overview: In a trauma event, there is a potentiality that fluid resuscitation will be benefit a patient in certain circumstances, 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 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.
__ 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.

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.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT-Paramedic

SMO: Trauma Shock / Fluid Resuscitation

Overview: In a trauma event, there is a potentiality that fluid resuscitation will be benefit a patient in certain circumstances, 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 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**
__ 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.
- Be prepared to turn entire spine board and suction if patient vomits
- Pulmonary edema is absolute contraindication for use of MAST pants.