

4.4

Shock - Traumatic Adult & Pediatric

Recognize Compensated Shock - Adult:

- Anxiety
- Tachycardia
- Tachypnea
- Diaphoresis

SHOCK

Inadequate tissue perfusion that impairs cellular metabolism

Recognize Compensated Shock - Pediatric:

- Delayed capillary refill
- Decreased or bounding peripheral pulses
- Palpable peripheral pulse, decreased distal pulse
- Cool extremities
- Altered mental status
- Mild tachypnea



Hemorrhagic shock: Locations of blood loss include the chest, abdomen, pelvis, and multiple long bone fractures. Signs include pale, cool, clammy skin, tachycardia, and or hypotension.

Neurogenic shock: May occur after an injury to the spinal cord disrupts sympathetic outflow resulting in unopposed vagal tone. Signs include warm, dry skin, bradycardia, and/or hypotension.

EMT & EMR STANDING ORDERS – ADULT & PEDIATRIC

E

- Routine Patient Care.
- Follow appropriate [Trauma Protocols 4.0 – 4.8](#).
- Keep patient supine.
- Control active bleeding using direct pressure, pressure bandages, tourniquets (commercial preferred) see [Tourniquet Procedure 6.7](#), or hemostatic bandage.
- Keep warm and prevent heat loss.
- Assess blood glucose.
- Do not delay transport; consider hospital destination per [Trauma Triage and Transport Decision Protocol 8.18](#).

ADVANCED EMT STANDING ORDERS - ADULT

A

- Administer 0.9% NaCl in the form of small boluses (e.g., 250 mL) to return the patient to a coherent mental status or palpable radial pulse.
 - In the setting of traumatic brain injury, however, fluids should be titrated to maintain systolic blood pressure greater than 110 mm Hg.
 - Total volume should not exceed 2000 mL without consultation with Medical Control. Do not delay transport for IV access.

ADVANCED EMT STANDING ORDERS - PEDIATRIC



- Administer fluid bolus 20mL/kg of 0.9% NaCl by syringe method (may repeat to a maximum 60 mL/kg) to improve clinical condition (capillary refill time ≤ 2 seconds, equal peripheral and distal pulses, improved mental status, normal breathing).

PARAMEDIC STANDING ORDERS - ADULT

P

- Consider tranexamic acid see, [Tranexamic Acid Protocol 4.8](#).
- Consider obtaining a finger stick lactate level (if available and trained)
- If tension pneumothorax is suspected, consider needle thoracostomy. See [Thoracic Injury Protocol 4.6](#).
- If cardiac tamponade is suspected, rapid transport and treat arrhythmias per [Cardiac Protocols 3.0 – 3.6](#).

PEARLS:

For adult patients with uncontrolled external hemorrhagic or penetrating torso injuries:

- Titrate IV fluids to clinical end points:
 1. Delaying aggressive fluid resuscitation until operative intervention may improve outcome.
 2. Several poor outcomes associated with IV fluid administration have been suggested, including dislodgement of clot formation, dilution of clotting factors, and acceleration of hemorrhage caused by elevated blood pressure.
- Patients should be reassessed frequently, with special attention given to the lung examination to ensure volume overload does not occur.