

## Trauma: Hypoperfusion / Hypovolemia

### EMR

- ABC and vital signs
- Apply Combat Application Tourniquet to control potentially life-threatening limb hemorrhage not controlled with direct pressure or other simple measures
- Airway management with **oxygen** therapy maintaining a SaO<sub>2</sub> of 94-98% through titration

### EMR STOP

### EMT

- Cardiac Monitor

### EMT STOP

### EMT IV

#### ADVANCED EMT

- Vascular access with large bore IV's
- If COMPENSATED SHOCK:
  - Normal Saline, 1 liter, then 500 ml/hour or as directed by medical control.
- IF DECOMPENSATED SHOCK:
  - Additional vascular access, infuse Normal Saline, 2 liters, then 500 ml/hour or as directed by medical control.

### EMT IV / ADVANCED EMT STOP

### Key Points/Considerations

- COMPENSATED SHOCK is defined as significant mechanism of injury AND tachypnea, tachycardia, pallor, or restlessness, AND Systolic BP greater than 100 mmHg
- DECOMPENSATED SHOCK is defined as clinical picture of shock AND Systolic BP less than 100 mmHg
- A falling BP is a LATE sign of shock
- Contact receiving hospital early, with "Trauma Alert" call, giving brief description of mechanism of injury and estimated time of arrival
- Contact Medical Control if guidance of care or orders are needed