

t-1 TRAUMATIC SHOCK

PRIORITIES: “LOAD AND GO PROTOCOL”

- “Secondary Survey” enroute and/or when transport is available;
- Assure an advanced life support response;
- Suspected C-Spine injury requires careful management, adequate patient airway is a prime responsibility;
- Details of the mechanism of injury should be noted;
- Assist EMS transport unit with rapid extrication and packaging for rapid transport.

Traumatic Shock

1. Airway Management/Support with Spinal Immobilization/Precautions:
 - Simplest effective method (basic airway management) with in-line cervical immobilization;
 - Consider airway techniques with in-line cervical immobilization;
 - Immobilization of the cervical/thoracic/lumbar spine with the body secured to the backboard.
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY – Begin oxygen at 6 liters/minute by nasal cannula or 10 liters/minute by mask. DO NOT withhold oxygen from a patient in respiratory distress because of a history of Chronic Obstructive Pulmonary Disease (COPD).
4. Lay patient flat and elevate legs;
5. Keep patient warm, not overheated;
6. Place splints, apply dressing and pressure to active bleeding sites;
7. Reassess patient vital signs;
8. Give nothing by mouth;
9. Monitor vital signs frequently;
10. Assist advanced life support personnel with patient packaging and movement to ambulance.