

Trauma Emergencies T-1 Traumatic Shock

Treat all adult trauma patients starting with the General Trauma Protocol

Stabilize airway

Oxygen – Titrate SpO₂ to ≥95%

Spinal Motion Restriction per Policy 6611 as necessary

Control external hemorrhage using direct pressure, tourniquets, or hemostatic dressings

Treat tension pneumothorax per Protocol S-1, Needle Thoracostomy.

For blunt or penetrating chest or abdominal trauma with signs and symptoms of hemorrhagic shock as defined in Policy 6612:

Tranexamic Acid (TXA) 1,000mg in 50 – 100mL NS IV/IO over 10 minutes

Continue **NS** 500mL boluses to maintain SBP>90mmHg

Indications for TXA

- SBP <90mmHg AND one of the following:
Diaphoresis, capillary refill >2 seconds, cyanosis, or ALOC
- Traumatic injury < 3 hours from administration
- Transport time to a trauma center ≥15 minutes

DISRUPTED COMMUNICATIONS

In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.