

T-04
HEMORRHAGIC SHOCK

First Responder
EMT
AEMT
Paramedic

Control Hemorrhage & Dress Wounds

Consider as appropriate:
Tourniquet [T-P3]
Pelvic Binder [T-P2]

Fluid Resuscitation (IV Protocol [1-03])

A	Normal Saline/Lactated Ringers 500 mL Bolus
	Peds: 20 mL/kg
	<ul style="list-style-type: none">Repeat as neededMonitor for signs of pulmonary congestion

Goal = Permissive Hypotension:
Target SBP 80-90 mmHg in adults

TXA Administration [see T-P4 for criteria]

P	Tranexamic Acid (TXA) 2000 mg IV/IO
	Peds: see dosing chart in T-P4
	<ul style="list-style-type: none">Mix in 50-100 mL NSInfuse over 10 minutes

If SBP <90 continues (or if signs of pulmonary edema)

Mechanism

NON-TRAUMATIC

TRAUMATIC

**Medical Shock
Guideline**

M-06

Repeat fluid boluses

STOP! Vasopressors should not be used with traumatic shock. Treat with fluids and blood products if available.

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KEY POINTS:

- If a patient presents with relatively minor trauma (i.e. a fall from standing), always consider alternative causes of hypotension (GI Bleed, Sepsis, overdose, etc.)

QI Review Parameters:

- 1.