

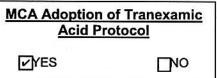
Michigan GENERAL TREATMENT SHOCK

Initial Date: 5/31/2012 Revised Date: 10/25/2017 Section 1-5

Shock

Assessment: Consider etiologies of shock

- 1. Follow General Pre-hospital Care Protocol.
- 2. Control major bleeding per Soft Tissue and Orthopedic Injuries Protocol.
- 3. Remove all transdermal patches using gloves.
- Prompt transport following local MCA protocol.
- Special consideration
 - A. If 3rd trimester pregnancy, position patient left lateral recumbent.
- Obtain vascular access (in a manner that will not delay transport).
 - A. The standard NS IV/IO fluid bolus volume will be up to 1 liter, wide open, repeated as necessary, unless otherwise noted by protocol. IV/IO fluid bolus is contraindicated with pulmonary edema.
 - B. Fluid should be slowed to TKO when SBP greater than 90 mm/Hg.
 - C. For pediatrics, fluid bolus should be 20 mL/kg, and based on signs/symptoms of shock.
 - 7. Consider establishing a second large bore IV of Normal Saline en route to
 - 8. Obtain 12-lead ECG, if suspected cardiac etiology.
 - If anaphylactic shock, refer to the Anaphylaxis/Allergic Reaction Protocol.
- (v-) 10. For possible hemorrhagic shock, per MCA selection, refer to Tranexamic Acid Protocol.





- (S) 11. Additional IV/IO fluid bolus
 - A. Up to 2L total for adult
 - B. Up to 40mL per kg total for pediatric.
- (v) 12. If hypotension persists after IV/IO fluid bolus, administer Epinephrine by push dose (dilute boluses).
 - a. Prepare (10 mcg/mL) by adding 1mL of 1mg/10mL Epinephrine in 9mL NS. then
 - b. Adults:
 - Administer 1-2 mL
 - Repeat every 3 to 5 minutes
 - Titrate SBP greater than 90 mm/Hg.



- c. Pediatric
 - Administer 0.1 mL/kg (0.01 mg/kg)
 - ii. Maximum dose 10 mcg (1 mL)
 - Repeat every 3-5 minutes

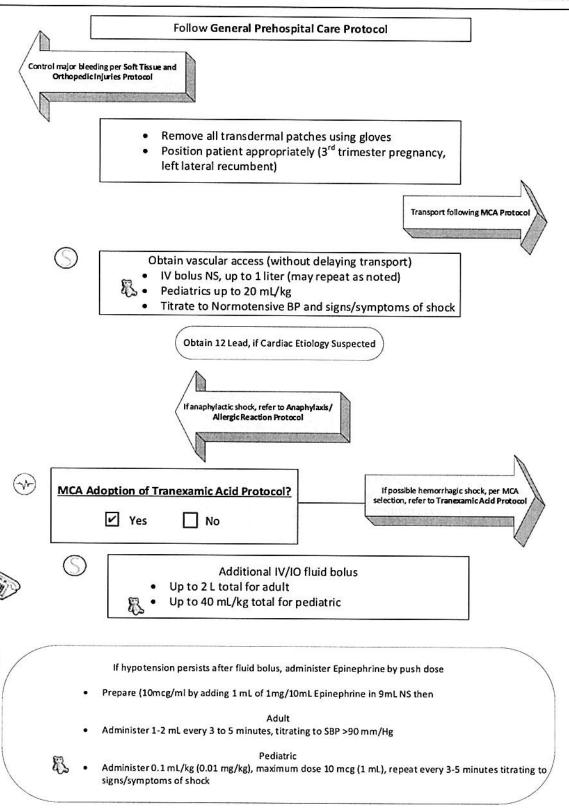
MCA Name: Bay County MCA MCA Board Approval Date: 02/26/2018 MCA Implementation Date: 05/01/2018 Protocol Source/References:



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Section 1-5



(v)

Bay County Medical Control Authority Adult Treatment Protocol

Shock - Supplemental

Date: February 16, 2016 Page 1 of 1

Shock - Supplemental Protocol

This protocol is a supplement to the **Shock Protocol** (1-5) and contains direction for the consideration for the administration of Tranexamic Acid to patients with signs of hemorrhagic shock from traumatic injury.

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow Shock Protocol.

PARAMEDIC

- 2. Consideration for the administration of Tranexamic Acid should be given to any patient meeting the following criteria:
 - a. Presumed hemorrhagic shock from a traumatic cause or evidence of severe uncontrolled bleeding.

-or -

- b. Hypotension (evidenced by systolic blood pressure < 90 mmHg) and/or tachycardia (>110 beats per minute), or declining blood pressure and sustained tachycardia in the presence of a traumatic injury.
- 3. Tranexamic Acid not indicated in the following:
 - a. Age less than 18 years
 - b. Spinal, cardiogenic or septic shock
 - c. Hemorrhagic shock from a non-traumatic cause (massive GI or gynecological bleeding).
 - d. Peripheral hemorrhage that can be controlled through compression (amputations).
- 4. Dosing
 - a. Mix 1 gram of Tranexamic Acid in 100 ml of normal saline.
 - b. Administer via IV over 10 minutes.
- 5. Notes
 - a. In order to maximize the effectiveness of Tranexamic Acid, a second dose must be administered at the destination facility.
 - b. Transport of the patient should be to a designated trauma facility capable of continuing the subsequent Tranexamic Acid dose.
 - c. Advise the receiving hospital of the administration of Tranexamic Acid when giving an in-bound and bedside report.