

Traumatic Shock

Shock is defined as impaired tissue perfusion and may be manifested by any of the following:

- Altered mental status
- Tachycardia
- Poor skin perfusion
- Low blood pressure

Maintain a high index of suspicion. Traditional signs of shock may be absent early in the process.

Routine Trauma Care

Is patient hypotensive for age or showing other signs of shock?

Treat reversible causes of shock (if not done already):

- Control hemorrhage, if not done already
- Perform needle decompression for tension ptx
- Place pelvic binder for suspected unstable fracture

Hypotension for Age

Age	Systolic Blood Pressure
> 10 years	< 90 mmHg
1-10 years	< 70 + (2 x age in years)
< 1 year	< 70 mmHg

Tachycardia for Age

Age	Heart Rate
> 12 years	> 100 bpm
5-12 years	> 120 bpm
2-5 years	> 140 bpm
1-2 years	> 150 bpm
< 1 year	> 160 bpm

Minimal SBP with Head Injury

Age	SBP
>10 years	= 110 mmHg
1-10 years	> 70 + (2 x age in years)
1-12 months	>70 mmHg
< 1 month	> 60 mmHg

If patient is still in shock:

Yes

No

Tranexamic Acid (TXA) 2g IV/IO over 10 min, if available (may give IM as a last resort)

FLUID RESUSITATION:

*Give Crystalloid Fluid bolus of NS/LR (500 ml for adults, 20ml/kg for peds)

*If patient is still in shock, continue small Crystalloid Fluid boluses of 250 ml (20ml/kg for peds) until the return of peripheral (radial) pulses

*Once pulses are maintained, lock IV and repeat boluses only as needed for SBP <90 mmHg

Contact Trauma Center Medical Control for consultation or additional orders

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