Traumatic Hemorrhagic Shock.



Call CritiCall for Trauma Centre Consult 1-800-668-4357

- SBP < 100 mmHg
- ↑ LOC
- Tachycardia > 110
- Penetrating injury
- Blunt injury mechanism
 - Pelvic/long bone #
- Hemothorax
- +ve FAST

Simultaneously

Simultaneously

Hemodynamic Management

- 2 Large Bore IV's
- 500 cc fluid bolus
- Rapid Fluid warmer
- Consider Early Blood Products
- Target BP ϕ TBI **TBI (GCS <8)** SBP 80-90 mmHg SBP > 100-110 mmHg
- Consider norepinephrine start at 0.05 – 0.1 mcg/min

External Bleeding Control

- Evidence of pelvic fracture consider pelvic binder

Evidence of long bone fracture

- consider reduction and splint
- Obvious wound Bleeding?

Apply Pressure Hemostatic Bandage Consider Tourniquet Suture/Staple

Blood Component Therapy

1 gram TraneXamic Acid over 10 min

Consider: PRBC -Plasma Platelets _

Consider: 1 g CaCl₂ if > 4 units PRBC Consider Massive Hemorrhage protocols

1:1 OR 1:2 Ratio

Maintain Normothermia (3)

- consider warming blanket
- increase room temperature

Continued Ongoing Severe Bleeding

- Emergent local surgical consult
- Emergent transfer to Trauma Centre