Consider pelvic binding

Yes

Possible pelvic fracture with internal bleeding

No

Possible femur fracture with internal bleeding

Yes

Consider extremity splinting

No

Supine position
High flow oxygen

TRANSPORT

Establish IV
Establish IO

Known or suspected head injury

Yes

Administer crystalloid to achieve SBP = 100 – 120 mmHg

No

SBP < 100 mmHg or suspicion of shock

Yes

Administer crystalloid to achieve SBP = 80 to 90 mmHg

No

Maintain crystalloid @ TKVO
INDICATIONS:
- All trauma patients with external bleeding or known / suspected internal bleeding causing or potentially causing hypotension or shock

CONTRAINDICATIONS:
- None

NOTES:
- Pelvic binding should be applied across the greater trochanters of the femurs, rather than the superior iliac spines.
- IV access should be established in the largest available vein. Consider establishing two sites of IV access depending on the patient’s condition and stability, transport time, and the skill set of the treating personnel. Consider IO device insertion if IV access is unobtainable but required.
- Significant blood loss (30 to 40%) can be present despite a normal BP (compensated shock). Tachycardia or narrowed pulse pressure may be early clues. Factors such as athleticism and pregnancy alter the clinical response to hemorrhage, while advanced age and numerous medications may mask or impair clinical response and reduce the body’s ability to tolerate acute blood loss.

TRANEXAMIC ACID:
- 1 gram IV or IO; once only

0.9% (NORMAL) SALINE or RINGER’S LACTATE:
- 20 ml/kg bolus (to maximum 1000 ml); repeat as required
- Consider smaller boluses if age > 75 years or cardiac dysfunction is known or suspected