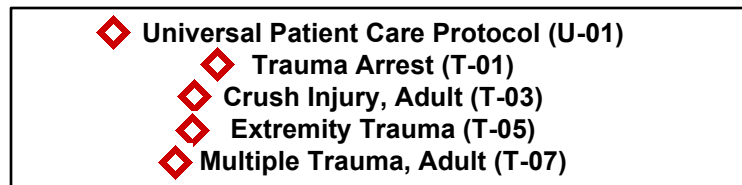
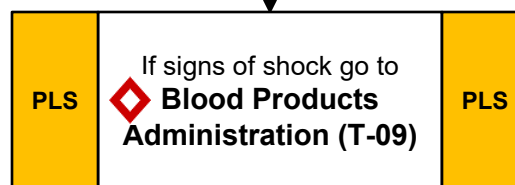
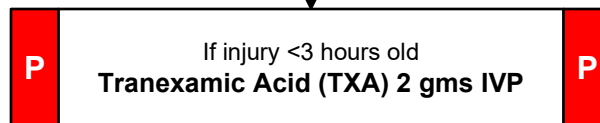
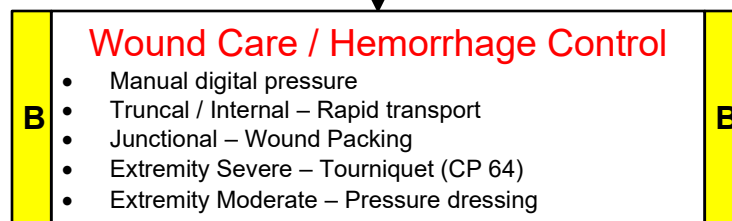


<b>History:</b> <ul style="list-style-type: none"> <li>Time and mechanism of injury</li> <li>Penetrating / Blunt / Amputation</li> <li>Location of injury</li> <li>Open vs. closed wound / fracture</li> <li>Past Medical History</li> <li>Medications</li> </ul>	<b>Signs &amp; Symptoms:</b> <ul style="list-style-type: none"> <li>Massive External Bleeding</li> <li>Altered Mental Status</li> <li>Pale, Moist, &amp; Cool Skin</li> <li>Hypotension <ul style="list-style-type: none"> <li>SBP &lt;90 mmHg</li> <li>MAP &lt; 65 mmHg</li> <li>Pulse &gt; 110 bpm</li> <li>EtCO2 &lt; 20 mmHg</li> </ul> </li> <li>Other Signs/Symptoms of Shock</li> </ul>	<b>Differential Life Threats:</b> <ul style="list-style-type: none"> <li>Control External Hemorrhage</li> <li>Prevent Hypothermia</li> </ul>
---	--	--



Legend		
B	EMT-B	B
I	EMT-I	I
A	AEMT	A
P	PARAMEDIC	P
PLS	POST LICENSURE SKILL	PLS
M	MEDICAL CONTROL	M



**Pearls:**

- Trauma Activation needs to be made as soon as possible.
- See Trauma Triage Destination Protocol (T-08) for criteria when declaring trauma activation.
- Record "Trauma Activation" in patient record.
- If patient meets Trauma Activation criteria interventions should be preformed enroute. Minimize scene time.
- Severe bleeding from an extremity not rapidly controlled by direct pressure may necessitate the application of a tourniquet.
- Permissive hypotension should be used in the absence of neurologic injury. If suspected neurologic injury maintain SBP ≥ 90.