

## History:

- Time and mechanism of injury
- Damage to structure or vehicle
- Location in structure or vehicle
- Penetrating vs Blunt
- **Consent (informed or implied) is required before giving blood.** Patients or, if incapacitated, family may refuse based on prior wishes. Follow any advanced directive or POLST.

## Signs & Symptoms:

- Massive External Bleeding
- Altered Mental Status
- Pale, Moist, & Cool Skin
- Hypotension  
SBP < 90 mmHg  
MAP < 65 mmHg  
Pulse > 110 bpm  
EtCO2 < 20 mmHg
- Other Signs/Symptoms of Shock

## Differential Life Threats:

- Control External Hemorrhage
- Prevent Hypothermia
- **DO NOT delay transport for the administration of Blood Products**

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## Common Signs/Symptoms of Transfusion Reactions:

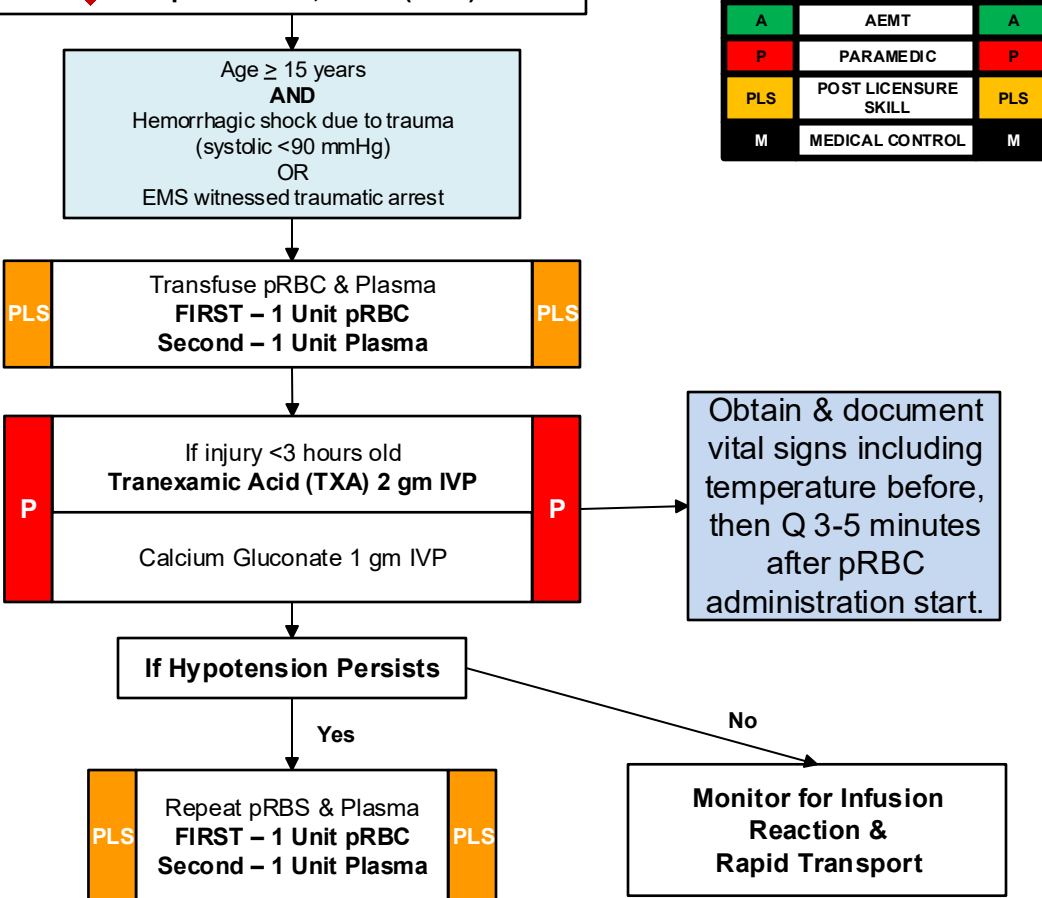
- Chills/rigors
- Temperature elevation > 2 F from baseline
- Flushed face
- Itching/hives
- Sudden dyspnea
- Wheezing/rales
- Lumber/flank pain
- Unexplained hypotension

\* Monitor for transfusion reactions the first 5-10 minutes after each unit of blood products.

**If any signs of a Transfusion Reaction:**  
-STOP Blood  
-Flush IV Site  
-Consider Allergic Reaction Protocol M-02

## ◆ Universal Patient Care Protocol (U-01)

- ◆ Trauma Arrest (T-01)
- ◆ Crush Injury, Adult (T-03)
- ◆ Extremity Trauma (T-05)
- ◆ Multiple Trauma, Adult (T-07)



## Pearls:

- **\*If criteria is not met and the Blood Medic feels blood is indicated, contact Medical Control prior to initiating transfusion.**
- IF patient shows signs of Anaphylactic Reaction, STOP THE INFUSION IMMEDIATELY! Refer to M-02.
- Trauma Activation needs to be made as soon as possible, and radio report MUST include that Blood Products have been administered.
- See Trauma Triage Destination Protocol (T-08) for criteria when declaring trauma activation.
- Record "Trauma Activation" in patient record.
- Permissive hypotension should be used in the absence of neurologic injury. If suspected neurologic injury maintain SBP ≥ 90.