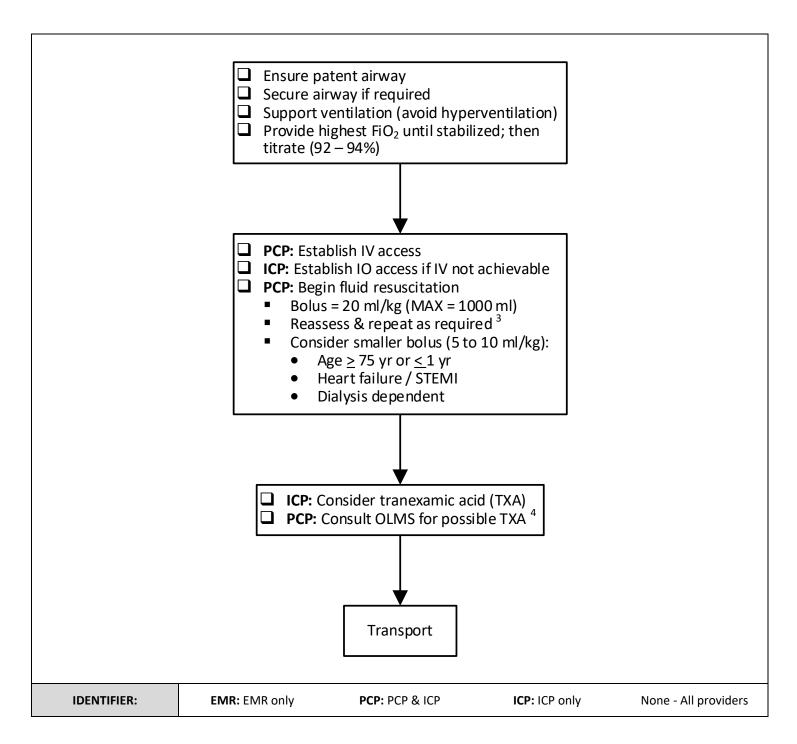
Shared health Soins communs Manitoba	C07.2 HEMORRHAGIC SHOCK	
	All ages	RESUSCITATION
Version date: 2023-07-09		Effective Date: 2024-02-13 (0700)



INDICATIONS

• Shock that is due to nontraumatic hemorrhage

CONTRAINDICATIONS

- For shock due to blood loss after delivery refer to D08 POSTPARTUM HEMORRHAGE
- For shock due to blood loss from major trauma refer to F01 MAJOR TRAUMA

NOTES

- 1. Shock is defined as a state of inadequate tissue perfusion. Although hypotension may be present, no specific blood pressure (BP) value defines shock. Shock may be present with a normal BP. Multiple factors (eg. age, fitness, medications) may impact the vital signs and complicate the presentation of shock.
- 2. Common sources of nontraumatic hemorrhagic causing shock include the gastrointestinal tract (hematemesis, melena, hematochezia), the nose and nasopharynx (epistaxis), and the nonpregnant uterus (menorrhagia).
- 3. While there is limited research into the benefit of *permissive hypotension* in nontraumatic hemorrhagic shock, aggressive crystalloid administration is known to create coagulopathy and hypothermia (impairing clotting), and increases mortality. Consider targeting to an age-appropriate lower target systolic BP to maintain adequate blood flow to keep the heart and brain adequately perfused.
- 4. There is limited evidence to support the use of tranexamic acid in nontraumatic hemorrhage, but it may be of benefit in some situations. Paramedics with primary work scope must consult on-line medical support (OLMS) if considering tranexamic acid (TXA) for nontraumatic hemorrhage.

LINKS
D08 - POSTPARTUM HEMORRHAGE
F01 - MAJOR TRAUMA M28 - TRANEXAMIC ACID

APPROVED BY		
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VERSION CHANGES (refer to X03 for change tracking)

• Identifier legend at bottom of flow chart replaces work scope statement in header