



GLOBAL EMERGENCY MEDICAL REGISTRY

Shock Case (Hemorrhagic) Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor Name Printed): _____

Examiner Signature: _____

Note: Examiner will use or modify a simulator shock case to reflect Sinus Tachycardia at 120 with a MAP less than 50 mmHg, SpO₂: 88%, EtCO₂: 30 mmHg, RR: 26. The patient is a 70 kg unresponsive trauma patient who was interacting when first responders arrived but became unresponsive. The patient has chest and leg trauma from a motor vehicle accident, a needle decompression and simple thoracostomy were completed with improved ventilation, but there is significant blood loss. The examiner may conclude the case following proper care by having patient return to stable with all vital signs returning to stable range.

PASS _____ Fail _____

Task	Correct	Incorrect
Identifies Hypotensive state		
Identifies unstable patient condition		
Assures proper oxygenation of the patient, secures airway, ventilates patient 10-16 bpm with 6-8 ml/kg PBW.		
Identifies need for additional treatment and establishes IV above the level of the diaphragm		
Utilizes 20 ml/kg bolus of balanced high SID IV fluid		
Administered Tranexamic Acid (TXA)		
Begins immediate blood administration – 500ml “O” whole blood (or PRBC) , repeat as needed to obtain a MAP of 55 mmHg or greater		
Reassess patient after each intervention and a minimum of every two minutes		

Note: any “incorrect” represents a skill failure

Critical Failure Criteria

Failure to establish oxygenation for the patient
Failure to take appropriate medication and/or fluid bolus intervention
Failure to identify unstable patient
Failure to manage the patient as a competent provider
Exhibits unacceptable affect with patient or other personnel
Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on the bottom or back of this form.