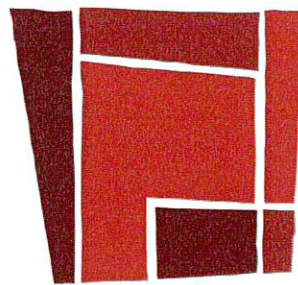


# **Triage, Treatment and Transport Guidelines (T3G)**

**As Recommended by the Bureau of EMS and Trauma System**



**ADHS**

**PREPAREDNESS**

**Arizona Department of Health Services**

**Updated and approved (minus the drug profiles) by MDC  
September 19, 2019. Clarification edits by Bureau January  
15, 2020. Updated VAD and TAH May 20, 2021.**

For shock due to suspected trauma, refer to [General Trauma Management](#) section guidelines. For shock due to anaphylaxis, refer to [Anaphylaxis and Allergic Reaction](#).

Emergency medical conditions can trigger signs of poor perfusion such as these:

- Tachycardia out of proportion to temperature
- Altered mental status
- Delayed/flash capillary refill >2 seconds
- Hypoxia
- Decreased urine output
- Tachypnea
- Hypotension for age, refer to [Abnormal Vital Signs](#)
- Weak, decreased or bounding pulses
- Cool/mottled or flushed/ruddy skin

## EMT

- Initiate [Universal Care](#).
- Check blood glucose, treat per [Hypoglycemia](#) or [Hyperglycemia](#) as indicated.
- If pregnant, place in left lateral recumbent position.

## AEMT

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Administer 30 mL/kg, max 1 L, IV/IO fluid bolus over &lt; 15 minutes.</li> <li>• May repeat up to 3 times until either: <ul style="list-style-type: none"> <li>- Vital signs/perfusion normal (or)</li> <li>- Rales, crackles or respiratory distress.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Administer 30 mL/kg, max 1 L, IV/IO fluid bolus over &lt;15 minutes, <b>using push-pull methods</b>.</li> <li>• May repeat up to 3 times until either: <ul style="list-style-type: none"> <li>- Vital signs/perfusion normal (or)</li> <li>- Rales, crackles or respiratory distress or hepatomegaly.</li> </ul> </li> </ul> |
|--|---|



- Reassess after each IVF bolus.

- If history of adrenal insufficiency (congenital adrenal hyperplasia, daily steroid use) refer to Adrenal Insufficiency treatment under EMT-I/Paramedic below. Assist with patient's own hydrocortisone.

## EMT-I/Paramedic

- For shock unresponsive to IV fluids, or cardiogenic shock with signs of fluid overload, consider vasopressors, refer to [appendix drip calculations](#):
  - **Epinephrine:** 0.05-0.3 mcg/kg/min IV/IO
  - **Norepinephrine:** 0.05-0.5 mcg/kg/min IV/IO (**Paramedic Only**) (**Pump Only**)
  - **Dopamine:** 2-20 mcg/kg/min IV/IO (**Paramedic Only**)

### Adrenal Insufficiency Treatment:

- Patient's hydrocortisone (Solu-Cortef): is preferred:
  - ≥ 12 years: 100 mg IM.
- **Methylprednisolone:**
  - 2 mg/kg IV/IO, max 125 mg.

### Adrenal Insufficiency Treatment:

- Patient's hydrocortisone (Solu-Cortef): is preferred:
  - 0-3 years: 25 mg IM.
  - 3-12 years: 50 mg IM.
  - ≥ 12 years: 100 mg IM.
- **Methylprednisolone:**
  - 2 mg/kg IV/IO, max 125 mg.

