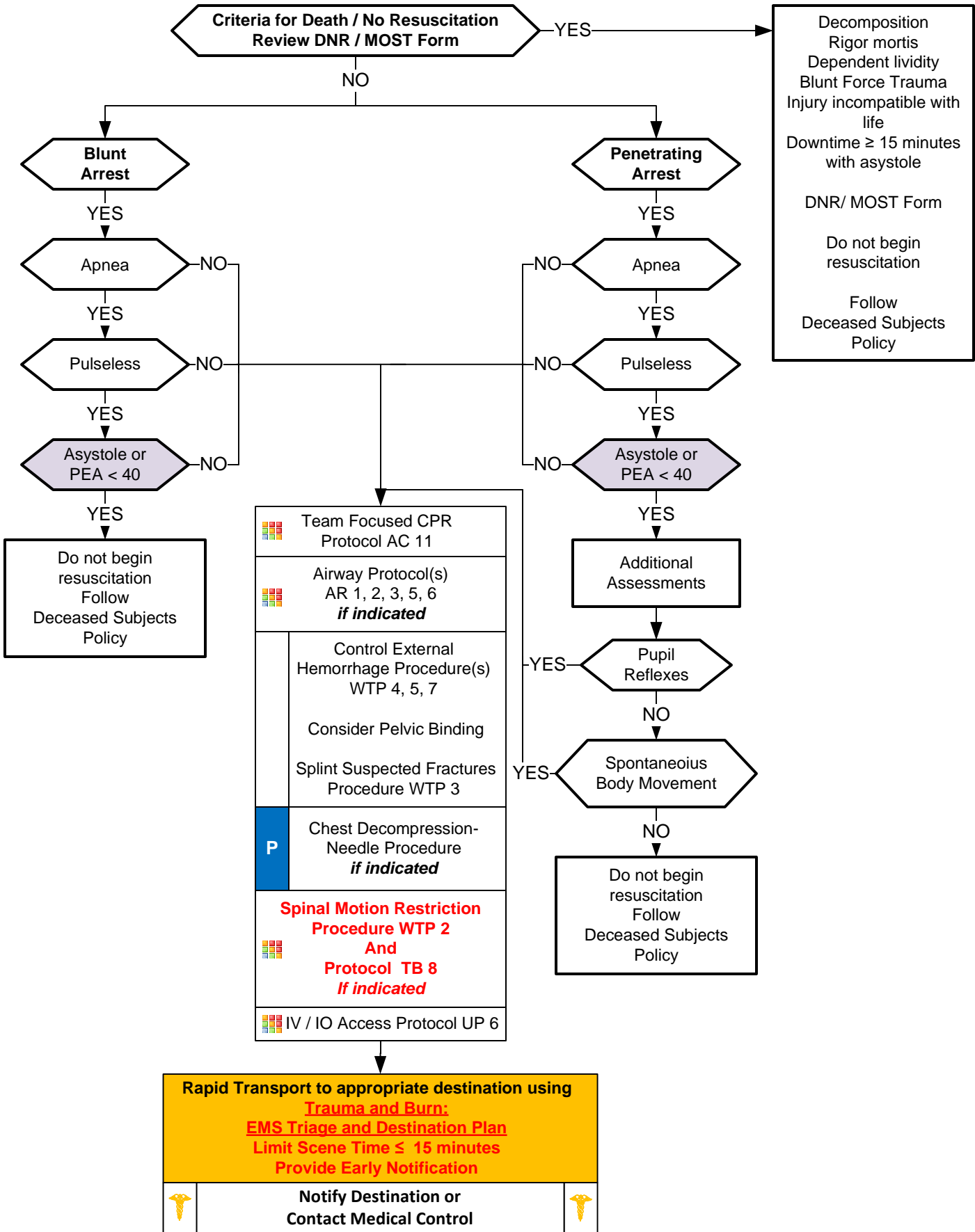




# Traumatic Arrest (Optional)





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## Pearls.

- **Recommended Exam:** Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- **Items in Red Text** are key performance measures used in the EMS Acute Trauma Care Toolkit.
- **Scene time should not be delayed for procedures and all should be performed during rapid transport.**
- **First arriving EMS personnel should make the assessment concerning agonal respirations, pulselessness, asystole or PEA < 40, pupillary reflexes, and spontaneous body movements.**
- **Withholding resuscitative efforts with blunt and penetrating trauma victims who meet criteria, is appropriate.**
- **Airway:**
  - **Airway is a priority in traumatic arrest.**
  - **BVM and BIAD are acceptable for airway management.**
  - **Endotracheal intubation, if performed, should be completed during transport and should not delay scene time.**
- **Breathing:**
  - **Consider Chest Decompression in both blunt and penetrating trauma.**
- **Circulation:**
  - **Control external hemorrhage, including use of tourniquets, and prevent hypothermia by keeping patient warm.**
  - **IV or IO access should be established during rapid transport of unstable patients.**
  - **If transport time to Trauma Center is < 15 minutes, use of ECG monitor may delay resuscitation and transport.**
  - **Rhythm determination is more helpful in rural settings, or where transport to nearest facility is > 15 minutes. Omit from algorithm where appropriate.**
  - **Organized rhythms, for purpose of protocol, include Ventricular Tachycardia, Ventricular Fibrillation, and PEA.**
  - **Wide, bizarre rhythms (Idioventricular and severely bradycardic rhythms < 40 BPM), are not organized rhythms.**
- **Trauma Triad of Death:**
  - **Metabolic acidosis/ Coagulopathy/ Hypothermia**
  - **Performance of appropriate resuscitation measures and keeping patient warm, regardless of ambient temperature, helps to treat metabolic acidosis, coagulopathy, and hypothermia.**
- **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated.**
- **DO NOT HYPERVENTILATE:** If no advanced airway (BIAD, ETT) compressions to ventilations are 30:2. If advanced airway in place ventilate 10 – 12 breaths per minute.
- **ALS procedures should optimally be performed during rapid transport.**
- **Time considerations:**
  - **From the time cardiac arrest is identified, if CPR is performed  $\geq$  15 minutes with no ROSC, consider termination of resuscitation on scene.**
  - **From the time cardiac arrest is identified, if transport time to closest Trauma Center is > 15 minutes consider termination of resuscitation on scene.**
- **Lightning strike, drowning or in situations causing hypothermia, resuscitation should be initiated.**
- **Where multiple lightning strike victims are found, use Reverse Triage: Begin CPR in apneic/ pulseless victims.**
- **Agencies utilizing Targeted Temperature Management Protocol should not cool the trauma patient, but rather make every effort to maintain warmth.**