

TRAUMATIC ARREST

Patients who are found in full cardiac arrest as a result of trauma have an essentially zero chance of survival. If on the arrival of EMS personnel the patient has any signs of life (pulse or respirations), rapid transportation and treatment offer the only hope for survival. Trauma patients who have a witnessed cardiac arrest require rapid treatment and transportation. Early recognition of tension pneumothorax and immediate treatment can prove life-saving.

A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.

B. If patient is found pulseless and apneic, **contact MCP directly** for consultation on not beginning resuscitation. Follow **Death in the Field Protocol 9101**.



C. If patient has any pulse or respirations or has arrest witnessed by EMS personnel, begin CPR with C-spine protection.

D. Establish and secure airway according to **Airway Management Protocol 5901**.

E. If intubated and unable to ventilate due to increased airway pressures, reconfirm proper ET placement and perform bilateral chest decompression.

F. As soon as possible and without delaying transport, establish two (2) IV lines of normal saline with as large a catheter as possible up to a 14 gauge and administer 20 ml/kg normal saline IV up to 2 liters and reassess.

G. Full immobilization.

H. On scene time should be < 5 minutes, if possible.

I. If patient is entrapped, consider **Cease-Efforts Protocol 9102 per direct MCP order**.



J. **Consult MCP** for further treatment orders.

