

Subject: Treatment Guidelines – BLS Personnel
Traumatic Cardiopulmonary Arrest

Associated Policies:

- I. Priorities
 - A. ABC's/CPR.
 - B. Protect C-spine.
 - C. Control bleeding.
 - D. Rapid transport with as minimal scene time as possible.
 - E. Further assessment en route to hospital.
 - F. Communicate with transporting ambulance or base hospital.
 - G. Transport Code 3.

- II. Traumatic Cardiopulmonary Arrest
 - A. Basic Therapy:
 - 1. All traumatically injured patients in cardiopulmonary arrest require rapid transport, second only to:
 - a. Airway management.
 - b. CPR.
 - c. Defibrillation.
 - d. Rapid spinal immobilization.
 - e. Control of significant hemorrhage.
 - 2. Delay detailed assessments and all other treatment until en route, unless transportation is not available.
 - B. At Scene:
 - 1. CPR according to current guideline - observing spinal immobilization precautions.
 - 2. If certified to do so, perform rhythm assessment and automatic defibrillation, if indicated.
 - 3. Secure airway with OPA, ventilate with bag valve mask positive pressure and concentrated oxygen. Do not ventilate infants or children with oxygen powered breathing devices/demand valves. Support with spinal immobilization/precautions. Use the simplest effective method of airway management with in-line cervical immobilization. Provide rapid spinal immobilization; secure the patient to a backboard or similar device.
 - 4. Assess carotid pulse during CPR (or age appropriate site for infants).
 - 5. Control obvious external hemorrhage.
 - 6. Contact transporting ambulance and/or base hospital with trauma triage findings, if ETA to the receiving hospital is five (5) minutes or less.

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7. If patient regains spontaneous circulation/breathing:
 - a. Ventilate with positive pressure and concentrated oxygen at age appropriate rate.
 - 1) Adults and children: 20 to 24 times a minute.
 - 2) Infants: 30 times a minute.
 - 3) Do not attempt to hyperventilate a child or infant in the field unless ordered to do so by base physician.
 - 4) Continue high flow oxygen, if patient is spontaneously breathing and adequately oxygenated.
 - b. Monitor vital signs frequently.
 - c. Treat for shock.
8. Consider need for possible aircraft transport.
9. Transport Code 3.
- C. En Route (Time Permitting):
 1. Continue with CPR.
 2. Continue secondary survey while maintaining spinal immobilization.
 3. Treat for shock per protocol.
 4. Place splints, dressings, and bandages, if time permits.
 5. Communicate with base hospital, with updated information, as needed.
 6. If BLS transport, rendezvous with responding ALS personnel as soon as possible.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____