

Subject: Treatment Guidelines – ALS
Traumatic Arrest Management

Associated Policies:

- I. Priorities:
 - a. Briefly assess the patient and determine if the injury is compatible with life. If injury is incompatible with life per Policy # 2305, do not initiate CPR, or if CPR was initiated by first responders, terminate CPR. Base contact is not required.
 - b. Identify mechanism of injury, blunt vs penetrating trauma.
 - c. Assess and secure airway, breathing, circulation, and control major bleeding.
 - d. Determine cardiac rhythm – if asystole or wide complex PEA at less than 40 beats per minute the presence of blunt trauma consider termination of resuscitative efforts per Policy # 2305.
 - e. Limit procedures on scene to CPR, bilateral needle thoracostomy, spinal motion restriction, BLS airway and controlling major bleeding.
 - f. Notify receiving Trauma Center or receiving hospital early.

- II. Traumatic Cardiac Arrest:
 - a. Assess the patient's mechanism of injury, blunt versus penetrating, and cardiac activity.
 - b. Provide spinal motion restriction while ventilating with BVM and 100% oxygen.
 - c. Provide high quality CPR during resuscitation.
 - d. Manage major bleeding with direct pressure, tourniquet, hemostatic dressing, and/or wound packing.
 - e. If any evidence of chest trauma with traumatic arrest, perform bilateral needle thoracostomy per Policy # 5420.
 - f. Initiate bilateral large bore IVs or bilateral IO access and administer 1 liter of normal saline simultaneously via each IV/IO. Repeat as needed during arrest.
 - g. Defibrillate V-fib/V-tach while continuing management of the trauma patient.
 - h. Epinephrine per Policy # 5307.


- III. Return of Spontaneous Circulation:
 - a. Re-assess for and control external bleeding.
 - b. Titrate normal saline to maintain systolic BP 80 – 90 for patients with ongoing hemorrhagic bleeding.
 - c. Titrate normal saline to maintain systolic BP 90 – 100 for suspected traumatic brain injury or spinal cord injuries.


- IV. Special Considerations:
 - a. Patients who are in cardiac arrest due to drowning, hanging or electrocution should be treated under Policy # 6504 or 6505.

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- b. Termination of resuscitation efforts should be considered in trauma patients with EMS witnessed cardiopulmonary arrest and 20 minutes of unsuccessful resuscitation.
- c. Traumatic cardiopulmonary arrest patients with a transport time to an emergency department of more than 20 minutes after the arrest has been identified may be considered non-salvageable, and termination of resuscitation should be considered. Base contact is not required prior to termination.
- d. See Policy # 6541 for trauma patients not in cardiac arrest.

Approved:  Date: 1-22-21

Approved as to Form:  Date: 1-22-21