

Subject: Traumatic Cardiac Arrest Treatment Policy

I. Definition
A. Traumatic Cardiac Arrest is a condition that results from stoppage of the heart due to blunt and/or penetrating trauma.
II. Basic Life Support
A. Provide General Medical Care. B. Briefly assess the patient and determine if the injury is compatible with life. C. 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. D. Identify mechanism of injury, blunt vs penetrating trauma. E. Assess and secure airway, breathing, circulation, and control major bleeding. F. Apply AED and evaluate for possible defibrillation. G. Provide spinal motion restriction while ventilating with BVM and 100% oxygen. H. Provide high quality CPR during resuscitation. I. Manage major bleeding with direct pressure, tourniquet, hemostatic dressing, and/or wound packing.
III. Advanced Life Support
A. Determine cardiac rhythm – if asystole or wide complex PEA at less than 40 beats per minute consider termination of resuscitative efforts per Policy # 2305. B. Limit procedures on scene to CPR, bilateral needle thoracostomy, spinal motion restriction, BLS airway and controlling major bleeding. C. If any evidence of chest trauma with traumatic arrest, perform bilateral needle thoracostomy per Policy # 5420. D. 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. The humoral head is the preferred site for IO for trauma patients. E. Defibrillate V-fib/V-tach while continuing management of the trauma patient. F. Epinephrine per Policy # Draft
IV. Special Considerations
A. Expedite transport; on-scene time should be less than 10 minutes in the absence of prolonged extrication. B. Patients who are in cardiac arrest due to drowning, hanging or electrocution should be treated under Policy # Draft. C. Termination of resuscitation efforts should be considered in trauma patients with EMS witnessed cardiopulmonary arrest and 20 minutes of unsuccessful resuscitation. D. 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. E. See Policy # Draft for trauma patients not in cardiac arrest.
V. Base Orders
A. None
VI. Contraindications

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A. None.	
VII. Associated Policies	
A. General Medical Care	Policy No. Draft
B. Pain Management	Policy No. Draft
C. Uncontrolled Bleeding/Amputation	Policy No. Draft
D. Sedation	Policy No. Draft
E. Tranexamic Acid Administration	Policy No. Draft
F. Hemostatic Agents	Policy No. Draft
G. Trauma Triage	Policy No. Draft
F. Spinal Motion Restriction	Policy No. Draft