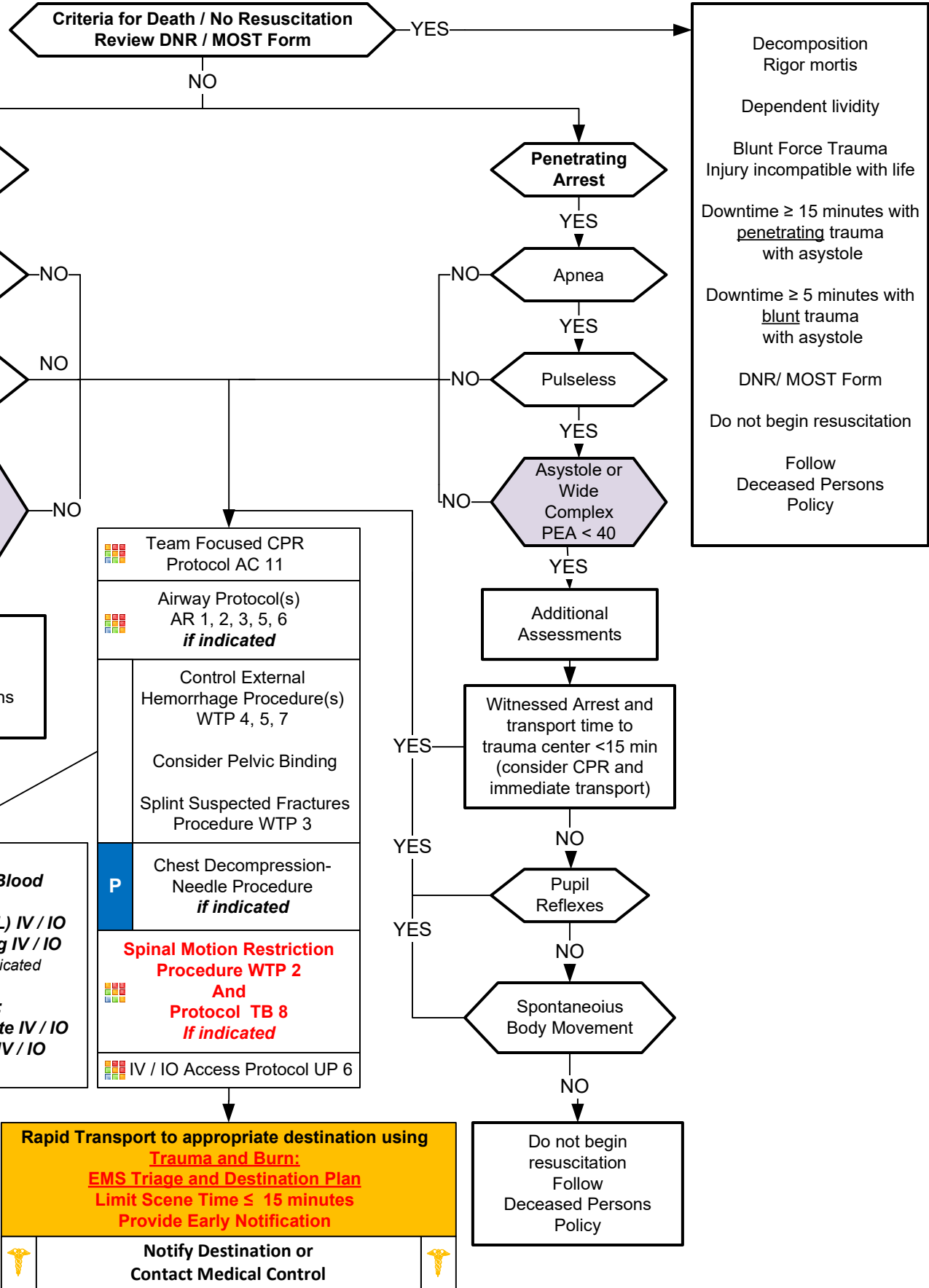




Traumatic Arrest





Traumatic Arrest

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 extend scene time.
- Breathing:
 - Consider Chest Decompression in both blunt and penetrating trauma.
 - Needle Chest Decompression permissible at the AEMT level only involving TRAUMATIC PULSELESS ARREST.
- 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 ≥ 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.