



POLICY: 554.83  
TITLE: Traumatic Cardiac Arrest

EFFECTIVE: 02/13/2019  
REVIEW: 02/2024  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

**Traumatic Cardiac Arrest**

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.
- III. PROTOCOL

<b>STANDING ORDERS</b>	
<b>ASSESS</b>	CAB
<b>CPR</b>	Do not delay transport even if CPR has to be interrupted. Minimize interruptions in compressions as much as possible.
<b>MONITOR</b>	For V-Fib or Pulseless V-Tach: defibrillate once at 360J or equivalent biphasic energy setting. Complete this protocol before referring to cardiac protocols.
<b>SECURE AIRWAY/ INTUBATE</b>	Use the simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Procedures Protocol 554.00
<b>OXYGEN</b>	Ventilate with bag-valve or approved ventilator and 100% oxygen.
<b>UNCONTROLLED HEMORRHAGE</b>	Pack truncal penetrating injuries with Hemostatic dressings if applicable. Place a tourniquet for uncontrolled extremity hemorrhage.
<b>SPINE IMMOBILIZATION</b>	If indicated, refer to 554.80 Selective Spinal Movement Restriction
<b>IV/IO ACCESS</b>	Two 14-16 gauge, wide-open until systolic BP 80 mmHg or 2L infused, then TKO. If systolic BP remains less than 80, give 250 ml boluses until systolic BP reaches 80 mmHg. Reassess the patient after each bolus
<b>CONSIDER</b>	
<b>NEEDLE THORACOSTOMY</b>	10 or 12 gauge catheter-over-needle, minimum 3.25 inch length, inserted into affected side in the second intercostal space, mid-clavicular line. Perform on other side if no response to treatment and the tension pneumothorax physiology persists. Secure catheter.
<b>BASE PHYSICIAN ORDERS</b>	
<b>DETERMINATION OF DEATH</b>	Refer to Determination of Death Protocol 570.20