



Traumatic Cardiac Arrest	
ADULT	PEDIATRIC
Primary Direction	
<p>To provide guidelines for rapid, systematic patient assessment and intervention in the setting of traumatic cardiac arrest.</p> <ul style="list-style-type: none"> • Cardiac medications (Epinephrine, Amiodarone) have limited or no benefit in the setting of traumatic cardiac arrest. • Interventions take priority over chest compressions in agonal or pulseless conditions. <ul style="list-style-type: none"> ○ Airway management. ○ Needle decompression. ○ Hemorrhage control. ○ Fluid resuscitation. 	
BLS	
<p>Do not initiate resuscitation if patient meets "Obviously Dead" criteria per Determination of Death Policy (570.20)</p> <p>If patient does not meet "Obviously Dead" criteria, then initiate resuscitative efforts and transport immediately to closest Trauma Center</p> <ul style="list-style-type: none"> • Resuscitative efforts <ul style="list-style-type: none"> ○ Control major bleeding – direct pressure, hemostatic gauze, and/or tourniquet (if applicable) ○ Initiate chest compressions ○ Initiate basic and/or advanced airway techniques and ventilate with BVM with 100% oxygen. ○ Apply chest seal or occlusive dressing to penetrating wound of the thorax. • If estimated transport time <u>exceeds 20 minutes</u>, then terminate resuscitation. 	

ALS

Do not initiate resuscitation if patient meets “Obviously Dead” criteria per Determination of Death Policy (570.20)

If traumatic arrest with **Asystole or PEA with a rate less than 40**:

- Do not attempt resuscitation.
- Terminate Resuscitation if already initiated.

If traumatic arrest not meeting above criteria:

If transport to Trauma Center is **less than 20 minutes**, initiate resuscitative efforts and transport immediately to closest Trauma Center:

- **Initiate chest compressions.**
- **Control major bleeding** – direct pressure, hemostatic gauze, and/or tourniquet (if applicable)
- **Perform bilateral chest needle decompression** (if signs of blunt or penetrating trauma to thoracoabdominal region).
- **Initiate basic and/or advanced airway** techniques and ventilate with BVM with 100% oxygen.
- **Insert two large bore IV/IO** and initiate fluid bolus of 500 mL. May repeat x2.
- **Consider TXA** if patient arrested within 5 minutes of initiating compressions and/or ROSC achieved, and patient continues to be hypotensive.
- **Apply chest seal or occlusive dressing** to penetrating wound of the thoracoabdominal region.

If transport to Trauma Center is **greater than 20 minutes** begin resuscitation, focusing on the following:

- **Initiate chest compressions.**
- **Control major bleeding** – direct pressure, hemostatic gauze, and/or tourniquet (if applicable).
- **Perform bilateral chest needle decompression** if signs of blunt or penetrating trauma to thoracoabdominal region.
- **Initiate basic and/or advanced airway** techniques and ventilate with BVM with 100% oxygen.
- **Insert two large bore IV/IO** and initiate fluid bolus.
- If ROSC is achieved, then transport patient to closest Trauma Center.
- If ROSC is not achieved after 10 minutes, then terminate resuscitative efforts.

Special Considerations

- SMR precautions are secondary to resuscitation and controlling airway

Base Hospital Orders

Contact Base Hospital for additional treatment or transport decisions

Effective Date: xx/xx/xxxx

Next Review Date: xx/xx/xxxx