



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

## 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 time (drive time) 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 time (drive time) 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.