

Emergency Medical Services Program Policies – Procedures – Protocols

Traumatic Cardiac Arrest (126)

Adults	Pediatrics (13 years and under)
Public Safety First Aid Procedures: Only	Public Safety First Aid Procedures: Only
 Begin High-Performance CPR if no signs of obvious death Attach AED and follow prompts Request EMS 	 Begin High-Performance CPR if no signs of obvious death Attach AED and follow prompts Request EMS
BLS Procedures: EMT's and Paramedics start here	BLS Procedures: EMT's and Paramedics start here
 Begin/Continue High-Performance CPR if no signs of obvious death Attach AED and follow prompts If blunt trauma and patient is pulseless and apneic DO NOT PROCEED WITH RESUSCITATION If penetrating trauma initiate resuscitation and rendezvous with ALS or no change in condition after 30 minutes and no AED shocks were delivered 	 Begin/Continue High-Performance CPR if no signs of obvious death Attach AED and follow prompts Initiate rapid transport or ALS rendezvous if <18 years old
ALS Prior to Base Hospital Contact: Paramedic only	ALS Prior to Base Hospital Contact: Paramedic only
 ABC's Monitor/IV If Tension Pneumothorax perform Thoracic Decompression. If penetrating trauma and does not meet determination of death, initiate immediate transport. 	 ABC's Monitor/IV If Tension Pneumothorax perform Thoracic Decompression. Reassess patient, provide rapid transport if under 18 years of age.
Base Hospital Contact Required	Base Hospital Contact Required
Post ROSC give 250mL fluid challenge 126 TRAUMATIC CARDIAC ARREST	 Post ROSC give 5 mL/kg fluid bolus to maintain Systolic B/P. 1-10 years old >70 mmHg 10 + years old >80 mmHg

126 TRAUMATIC CARDIAC ARREST



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Special Considerations

- 1. Tension pneumothorax requires immediate decompression. The correct placement for the county approved device for the purpose of thoracic decompression is **2nd intercostal space**, **mid-clavicular line for pediatric patients or 4th intercostal space**, **mid-axillary line for adult patients**. The approved thoracic decompression device for adult is a 10-gauge IV needle with catheter at least 3.25 inches in length. Standard length 2-inch needle should be used for pediatric patients. Assess patient for return of pulses after decompression and evaluate need for fluid challenge.
- 2. On scene times should be ten minutes or less for trauma patients that are accessible and do not require prolonged extrication. Situations that delay on scene times must be documented in the patient care record. On scene resuscitation is contraindicated in trauma extremis patients.
- 3. The goal for blood pressure after fluid challenge is 80-90 systolic. Higher blood pressures may cause proportionately faster bleeding. Lower pressures are not adequate to perfuse the major organs. Fluid challenges for traumatic arrest should occur in 250mL increments.
- 4. Termination of resuscitation should be considered in accordance with the Determination of Death policy.