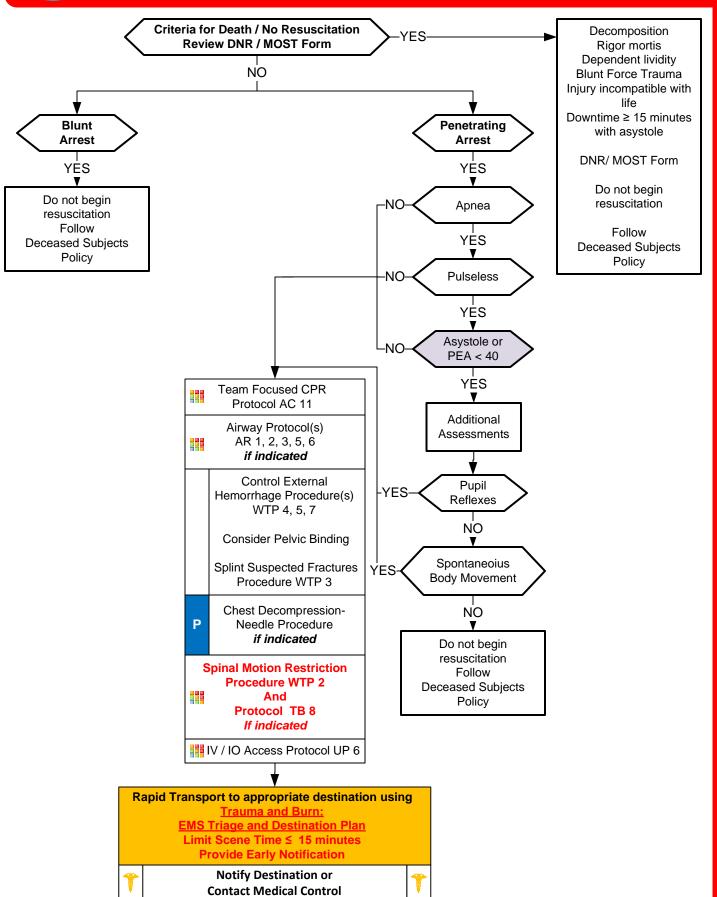


Traumatic Arrest (Optional)







Traumatic Arrest (Optional)



Trauma and Burn Protocol Section

General Approach

If the situation poses a danger to the crew and pronouncing death at the scene is predicted to exacerbated conditions, begin cardiopulmonary resuscitation / transport and assess chance of survival in order to determine transport destination.

- When a decision is made to perform cardiopulmonary resuscitation in a trauma victim, follow protocol AC 11 Team Focused.
- Transportation should be initiated to the nearest emergency department or trauma center.
- Effort should be made to control bleeding with tourniquet preferred where appropriate.
- Needle decompression of the thorax should be employed with suspected pneumothorax.
- Fluid resuscitation should be utilized with a goal SBP of ≥ 80 mmHg.
- Unlike a medical arrest, the airway is of vital importance and as well as needle chest decompression.
- If the mechanism of injury does not correlate with the clinical condition and a non-traumatic etiology is suspected, standard resuscitation efforts should be initiated.

DNR/ MOST

Patient assessment should occur promptly and without delay. Never withhold or delay patient assessment to read a document. EMS providers should not attempt to decide if a DNR or MOST is valid. If present and contains a healthcare providers signature it should be considered valid unless an immediate family member or guardian revokes the DNR / MOST.

DNR / MOST situations should be dealt with on an individual basis with appropriate care and decision-making determined accordingly.

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 delay scene time.

Breathing:

Consider Chest Decompression in both blunt and penetrating trauma.

• 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.
- <u>Time considerations:</u>

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.

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