Traumatic Arrest (Optional)

Criteria for Death / No Resuscitation
Review DNR / MOST Form

YES →
- Decomposition
- Rigor mortis
- Dependent lividity
- Blunt Force Trauma
- Injury incompatible with life
- Downtime ≥ 15 minutes with asystole

DNR/ MOST Form

Do not begin resuscitation

Follow Deceased Subjects Policy

NO

Blunt Arrest

YES →
Do not begin resuscitation
Follow Deceased Subjects Policy

Penetrating Arrest

YES

NO → **Apnea**

YES

NO → **Pulseless**

YES

NO → **Asystole or PEA < 40**

YES

Additional Assessments

YES → **Pupil Reflexes**

NO

YES → **Spontaneous Body Movement**

NO

Do not begin resuscitation
Follow Deceased Subjects Policy

Team Focused CPR
Protocol AC 11

Airway Protocol(s)
AR 1, 2, 3, 5, 6
if indicated

Control External Hemorrhage Procedure(s)
WTP 4, 5, 7

Consider Pelvic Binding

Splint Suspected Fractures
Procedure WTP 3

P — Chest Decompression-Needle Procedure
if indicated

Spinal Motion Restriction
Procedure WTP 2
And
Protocol TB 8
If indicated

IV / IO Access Protocol UP 6

Rapid Transport to appropriate destination using
Trauma and Burn:
EMS Triage and Destination Plan
Limit Scene Time ≤ 15 minutes
Provide Early Notification

Notify Destination or Contact Medical Control

Trauma and Burn Protocol Section

Traumatic Arrest (Optional)

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.**
- **Time considerations:**
  - **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.