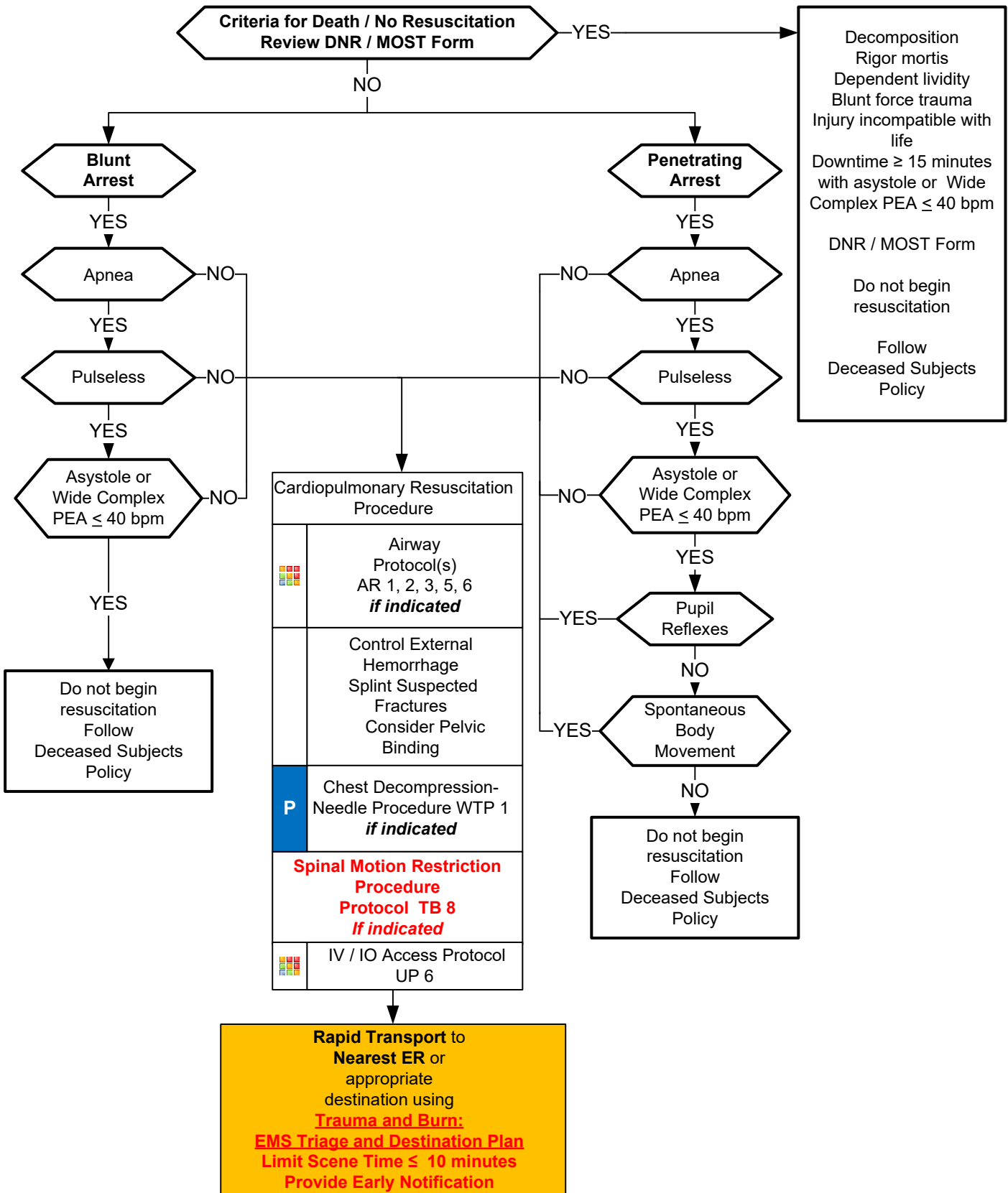


Traumatic Arrest



Traumatic Arrest



Pearls

- * **Recommended Exam:** Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro
- * Withholding resuscitative efforts with blunt and penetrating trauma victims who meet criteria is appropriate.
- * If transport time to Trauma Center is < 15 minutes use of ECG monitor may delay resuscitation.
- * 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 the purposes of this protocol include Ventricular Tachycardia, Ventricular Fibrillation and PEA.
- * Wide, bizarre rhythms such as Idioventricular and severely brachycardic rhythms < 40 BPM are not organized rhythms.
- * First arriving EMS personnel should make the assessment concerning agonal respirations, pulselessness, asystole or PEA < 40, pupillary reflexes and spontaneous body movements.
- * Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated. Consider early IO placement if available and difficult IV anticipated.
- * **DO NOT HYPERVENTILATE:** If no advanced airway (BIAD, ETT) compressions to ventilations are 30:2. If advanced airway in place ventilate 8 – 10 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.
 - From the time cardiac arrest is identified, if transport time to closest Trauma Center is > 15 minutes consider termination of resuscitation.
- * Lightning strike, drowning or in situations causing hypothermia resuscitation should be initiated.
- * Where multiple lightning strike victims are found used Reverse Triage: Begin CPR where apneic / pulseless