Notes/Educational Pearls

Key Considerations

1. Optimal trauma care requires a structured approach to the patient emphasizing first control of massive hemorrhage using **MARCH** (**M**assive hemorrhage, **A**irway, **R**espiratory/Breathing, **C**irculation, **H**ead injury/**H**ypothermia)
2. Target scene time less than 10 minutes for unstable patients or those likely to need surgical intervention
3. Clinician training should include the *ACS-COT 2022 National Guideline for the Field Triage of Injured Patients*
4. Frequent reassessment of the patient is important
   a. If patient develops difficulty with ventilation, reassess breath sounds for development of tension pneumothorax
   b. If extremity hemorrhage is controlled with pressure dressing or tourniquet, reassess for evidence of continued hemorrhage
   c. If mental status declines, reassess **ABC**s (**A**irway, **B**reathing, **C**irculation) and repeat neurologic status assessment [See Appendix VII. Neurologic Status Assessment]
5. Use structured communication tool for patient handoff to higher level care such as **AT-MIST**
   a. **A**ge
   b. **T**ime of incident or onset of symptoms
   c. **M**echanism
   d. **I**njuries noted
   e. **S**ymptoms/**S**igns
   f. **T**reatments provided

Traumatic Arrest: Withholding and Termination of Resuscitative Efforts

Resuscitative efforts should be withheld for trauma patients with the following:

1. Decapitation
2. Hemicorpectomy
3. Signs of rigor mortis or dependent lividity
4. Blunt trauma: apneic, pulseless, no organized cardiac activity on monitor
   a. **Note – Adult and Pediatric:** Resuscitative efforts may be terminated in patients with traumatic arrest who have no return of spontaneous circulation after 15–30 minutes of resuscitative efforts, including airway management, evaluation/treatment for possible tension pneumothorax, fluid bolus, and minimally interrupted CPR

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01) *(for additional information, go to www.nemsis.org)*

- 9914207 – Injury - General Trauma Management

Key Documentation Elements

- Mechanism of injury
- Primary and secondary survey
- Serial vital signs including neurologic status assessments
- Scene time
- Procedures performed and patient response