

<b>TRAUMATIC CARDIAC ARREST</b>	
<b>ADULT</b>	<b>PEDIATRIC (<math>\leq 34\text{KG}</math>)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>Universal Protocol #601</li> <li>Obvious Death – see Prehospital Determination of Death Policy #125</li> <li>Follow HPCPR guidelines for CPR (10:1) and minimize interruptions (&lt; 5 seconds)</li> </ul>	Same as Adult
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<b>Trauma patients who arrest after EMS arrival on scene and &lt; 20 min from trauma center</b> <ul style="list-style-type: none"> <li>Do not delay transport</li> <li>Perform ALS treatments en route</li> <li><b>Normal Saline</b> up to 500 mL – repeat x1 if no ROSC or SBP of &lt; 90 mmHg</li> <li><b>Do not use Epinephrine or Amiodarone</b> unless the arrest is suspected to be of medical origin</li> <li>Resuscitate and treat for reversible causes, i.e. hypoxia, hypovolemia, tension pneumothorax</li> <li>Traumatic arrest with the suspicion of chest trauma, perform bilateral needle thoracostomy. See Needle Thoracostomy Procedure #705.</li> </ul> <p><b>Traumatic arrest with absent signs of life on EMS arrival</b></p> <ul style="list-style-type: none"> <li>With absent signs of life consider non-initiation – Prehospital Determination of Death Policy #125</li> </ul>	Same as Adult (except as noted below) <ul style="list-style-type: none"> <li><b>Normal Saline</b> 20 mL/kg IV/IO – reassess and repeat</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>Trauma patients who arrest after EMS arrival on scene <u>and</u> &gt; 20 min from trauma center or hospital <ul style="list-style-type: none"> <li>Contact SLO Trauma Center for treatment and/or destination</li> </ul> </li> <li>Termination of resuscitation</li> <li>As needed</li> </ul>	Same as Adult
<b>Notes</b>	

- Absent signs of life assessment include: pulseless, apneic, lack of heart and lung sounds, fixed and dilated pupils.
- Trauma Center is the preferred destination if equal or near equal distance.
- Do not delay transport for advanced airway or other treatment modalities.
- Consider medical origin in older patients with low probable mechanism of injury.
- Unsafe scene or other circumstances may warrant transport despite low potential for survival.
- Minimize disturbance of potential crime scene.
- Consider Oral Intubation or Supraglottic Airways (Adults), provider discretion.
- If the provider cannot accomplish an ALS airway, they should document in the PCR why an ALS airway wasn't accomplished.