

Effective Date: July 15,2022

Last Review: New Policy

Next Review: July 2024

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**Authority:** Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

**DEFINITION:** Patients who arrest from severe traumatic injuries, need immediate treatment and reversal of the cause of arrest, i.e. tension pneumothorax, severe hemorrhage, hypoxia, etc. All reversible conditions must be addressed immediately. If the transport time to an Emergency Department (ED) is less than 10 minutes, consider if the patient would benefit from rapid transport to ED. Do not transport patients in traumatic arrest via air ambulance.

**BLS TREATMENT:**

**ASSESS NEED FOR SPINAL MOTION RESTRICTION (SMR):** Refer to **Policy T1 Spinal Motion Restriction** for proper application of SMR.

**CPR** – Start chest compressions following **Policy Adult C1 Cardiac Arrest Protocol**.

**AIRWAY** – Utilize simplest airway adjuncts with bag-valve-mask (BVM) to provide adequate ventilations. If advanced airway is placed, place EtCO<sub>2</sub> to monitor capnography for proper airway.

**BLEEDING CONTROL:** Stop active bleeding with direct pressure, hemostatic dressings, and/or if necessary apply a tourniquet.

**ALS TREATMENT:**

**MONITOR:** Treat rhythm as appropriate.

**NEEDLE DECOMPRESSION:** If patient suffers from blunt force trauma, perform bilateral needle decompression.

**VASCULAR ACCESS:** Establish IV/IO access, administer fluid bolus up to 1000 ml.

**MEDICATIONS:** Refer to **Policy Adult C1 Cardiac Arrest Protocol**, treat patient accordingly. Look for reversible causes and treat accordingly.

**DETERMINATION OF DEATH:**

If patient is in asystole or idioventricular rhythm less than 20 beats/minute, after 2 minutes of CPR, if there is no change in patient condition, terminate CPR and cease efforts.

If patient is in Ventricular Fibrillation (V-fib) or Pulseless Electrical Activity (PEA) greater than 20 beats/minute, work patient up to 10 minutes looking for any reversible causes, if there is no change in patient condition, terminate CPR and cease efforts.

If at any time the patient achieves return of spontaneous circulation (ROSC), provide immediate transport to closest emergency department. If the patient loses ROSC prior to transport, begin CPR until the patient achieves ROSC or 10 minutes has elapsed with no response.