MCHD	PEDIATRIC TRAUMA PT-12	TRAUMATIC ARREST	Page 1 of 1 Last Revision: 10/08/2018

History and Physical:

Historical Findings	Physical Findings
▪ Recent traumatic event	▪ Trauma ▪ Apneic ▪ Pulseless ▪ **EKG Findings:** any non-perfusing rhythm, though not established until after initial care

Assessment:

- Trauma Assessment
- If injuries are obviously incompatible with life (see below), or asystole with traumatic mechanism: **DO NOT ATTEMPT RESUSCITATION**
- In multi-patient events, traumatic arrests do not receive intervention until there are sufficient responders present to meet the needs of living patients

Clinical Management Options:

- Bilateral Needle Chest Decompressions
- CPR
- Maintain open airway and provide BVM ventilation with 100% oxygen
- Control exsanguinating external hemorrhage, using tourniquets as appropriate
- IV Access: Bilateral and large bore if possible
- Fluid Bolus
- Advanced Airway or SGA placement
- Consider binding pelvis
- Reduce long bone fractures

Consult:

- Pediatric Traumatic Arrests can NOT be terminated with physician consult.

Considerations:

- Chest decompression should not be delayed for any other medical procedure to be accomplished, including CPR. When multiple providers are on scene, other primary interventions, such CPR, can occur simultaneously, so long as they do not delay chest decompression
- Consider potential medical causes of traumatic events
- Injuries obviously incompatible with life include:
  - massive deformity of head or chest
  - decapitation
  - incineration
  - situation-specific evidence of futility in resuscitation. If in doubt, initiate resuscitation efforts