History and Physical:

Historical Findings	Physical Findings
▪ Recent traumatic event	▪ Traumatic ▪ Apneic ▪ Pulseless ▪ **EKG Findings:** any non-perfusing rhythm

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 Simple Thoracostomy (PII/PIII/PIV)
- 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
- Consider binding pelvis
- Reduce long bone fractures

Consult:

- Physician Consult Required to terminate traumatic resuscitation efforts

Considerations:

- Do not rush to move/transport patient. The goal of clinical management would be to achieve ROSC and then initiate transport to trauma center. If ROSC is not obtained within 20 minutes, consider following PROC-21B Termination of Traumatic Resuscitation
- 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 as 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.