



<h1 style="margin: 0;">Traumatic Arrest</h1> <h2 style="margin: 0;">Trauma</h2>
Medical Director: Benjamin Oei, M.D.

<b>Austin County</b> EMS Protocol & Guideline	
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**Overview:** To provide guidelines for terminating resuscitation, or withholding resuscitative efforts, for patients that have suffered a cardiac arrest due to traumatic injury.

- This procedure is reserved for those patients 18 years of age or older.
- This procedure is also reserved for those patients that are not hypothermic

**Definition:** Any patient who experienced cardiac arrest 2<sup>nd</sup> to trauma, treatable causes have been addressed and ruled out, and/or anticipation of viability is absent.

EMT

- Immediately stop any significant bleeding
- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR & AED** as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, OPA, NPA), EtCO2 monitoring appropriate to patient presentation
- Obtain **BGL**
- Monitor **SPO2**
- Evaluate **MOI**
- Identify Index of Suspicion

AEMT

- **IV / IO** – Normal Saline – 2 Large Bore
- **Airway** – ETT- with EtCO2 monitoring
- **Vent** – if applicable

Paramedic

- Defibrillation at 360 joules - as indicated by patient presentation
- Pericardiocentesis

Traumatic Arrest Considerations

- 1) Blunt, or penetrating traumatic cardiac arrest: Resuscitation may be terminated or withheld if the patient presents with all the following:
  - i) Apneic and Pulseless
  - ii) No pupillary reflexes
  - iii) No organized ECG activity / Asystole
  - iv) Primary treatable causes have been addressed without response (tension pneumothorax, volume depleted, external hemorrhage)
- 2) Consider termination of resuscitation in those patients receiving resuscitative efforts from first responders when the above criteria are found.
- 3) Consider traumatic cardiac arrest patients with transport time of greater than 15 minutes to be non-salvageable.

**PEARL**

- Patients presenting with injuries incompatible with life occasionally will present with a persistent organized rhythm especially in younger patients. Resuscitation may be terminated or withheld in these cases.