TRAUMATIC CARDIAC ARREST

ALL PROVIDERS

- ❑ Focused history and physical exam
  - **Inclusion Criteria**
    - Patients suffering blunt or penetrating trauma with cardiac arrest after arrival of EMS clinicians or while under the care of EMS clinicians (witnessed arrest or recent arrest with continued signs of life))
  - **Exclusion Criteria**

    1. When the mechanism of injury does not correlate with the clinical condition, suggesting a nontraumatic cause of cardiac arrest, standard resuscitative measures should be followed.

    2. In victims of blunt or penetrating trauma with pulses or other signs of life on EMS clinician assessment refer to the General Trauma Management

    3. In victims of blunt or penetrating trauma with rigor mortis, lividity, or evidence of injuries incompatible with life (including decapitation, hemicorporectomy). In such cases, refer Death Determination and Termination of Resuscitation.

    4. Resuscitation efforts may be withheld in any **blunt** trauma patient who, based on thorough primary assessment, is found apneic, pulseless, and asystolic on an EKG or cardiac monitor upon arrival of emergency medical services at the scene. In such cases, refer to the Death Determination and Termination of Resuscitation.

    5. Resuscitation efforts may be withheld in victims of **penetrating** trauma found apneic, pulseless, and without other signs of life including pupillary reflexes, respiratory effort, spontaneous movement, response to pain, and electrical activity on EKG. In such cases, refer to the Death Determination and Termination of Resuscitation.

- ❑ Continuous ECG, ETCo2, and Pulse Oximetry monitoring
- ❑ **Treatment Plan**
  - Assess for presence of a pulse, respirations, and consciousness.
  - If absent:
    - Begin chest compressions for 2 min
    - Apply AED or cardiac monitor/defibrillator and shock if advised or in V-Fib/V-Tach.
- ❑ **Key Considerations**
  - Airway Management
    - Endotracheal Intubation or Supraglottic Airway
    - Bilateral Chest Decompression **(5th ICS along the mid-axillary line)**
  - IV/IO Access
    - Administer NS or LR to a MAP of 65 or systolic of 90 mmHg
  - Place a pelvic binder, if warranted
  - Defibrillate shockable rhythms as needed
  - **H's & T's** - Treat as appropriate with confirmed or suspected Hypovolemia, Hypoxia, Hydrogen ion (Acidosis), Hyperkalemia, Hypothermia, Hypoglycemia, or specific Toxins.
- ❑ **Transportation**

- If ROSC occurs, transport to the closest trauma center.
- If **ROSC does not occur** in a patient with penetrating trauma who consider **transporting the patient to the closest trauma center or contact on-line medical control for direction.**

- ❑ As nationally established cardiac care guidelines (e.g. ACLS, PALS) are updated, these may be integrated into performance, as per agency medical director.
- ❑ **This guideline does not pertain to drowning (including cold water 60*f submersion), hypothermia <34°, or electrocution.**