



Trauma
TRAUMATIC CARDIAC ARREST
Practice Guideline

Patient Care Goals:
 1. Performance of life saving interventions (LSI)
 2. Return of Spontaneous Circulation (ROSC)
 3. Preservation of neurologic function

Patient Presentation:
Inclusion Criteria:
 Trauma victims of all ages without palpable pulses.
Exclusion Criteria:
 Obvious death, defined as: decapitation, rigor mortis, tissue decomposition, dependent lividity, full thickness burns >90% of body surface
 Medical etiology without trauma

Pts in cardiac arrest involving minor trauma should be evaluated for inclusion and treatment as medical cardiac arrest (i.e. car crash resulting from VF arrest). Shockable rhythm at any pulse check should prompt defibrillation, then immediate resumption of LSIs.

Penetrating thoracic injury includes injury to the chest or back, above the abdomen, or *potential to touch the thorax*

Patient management
NO ACLS DRUGS INDICATED unless ordered by OLMC

Advanced Airway:
 SGA placement or endotracheal intubation
 Refer to Airway Management Practice Guideline

LSIs

- Perform Always
 - CPR, effective ventilation/oxygenation, fluid resus
- Perform on extremity or junctional hemorrhage
 - Hemorrhage control/tourniquet
- Perform on penetrating/blunt thoracic trauma, with assessment of possible injured side
 - Bilateral needle decompression (regardless of physical exam findings)
- Perform on penetrating trauma to cardiac box
 - Pericardiocentesis

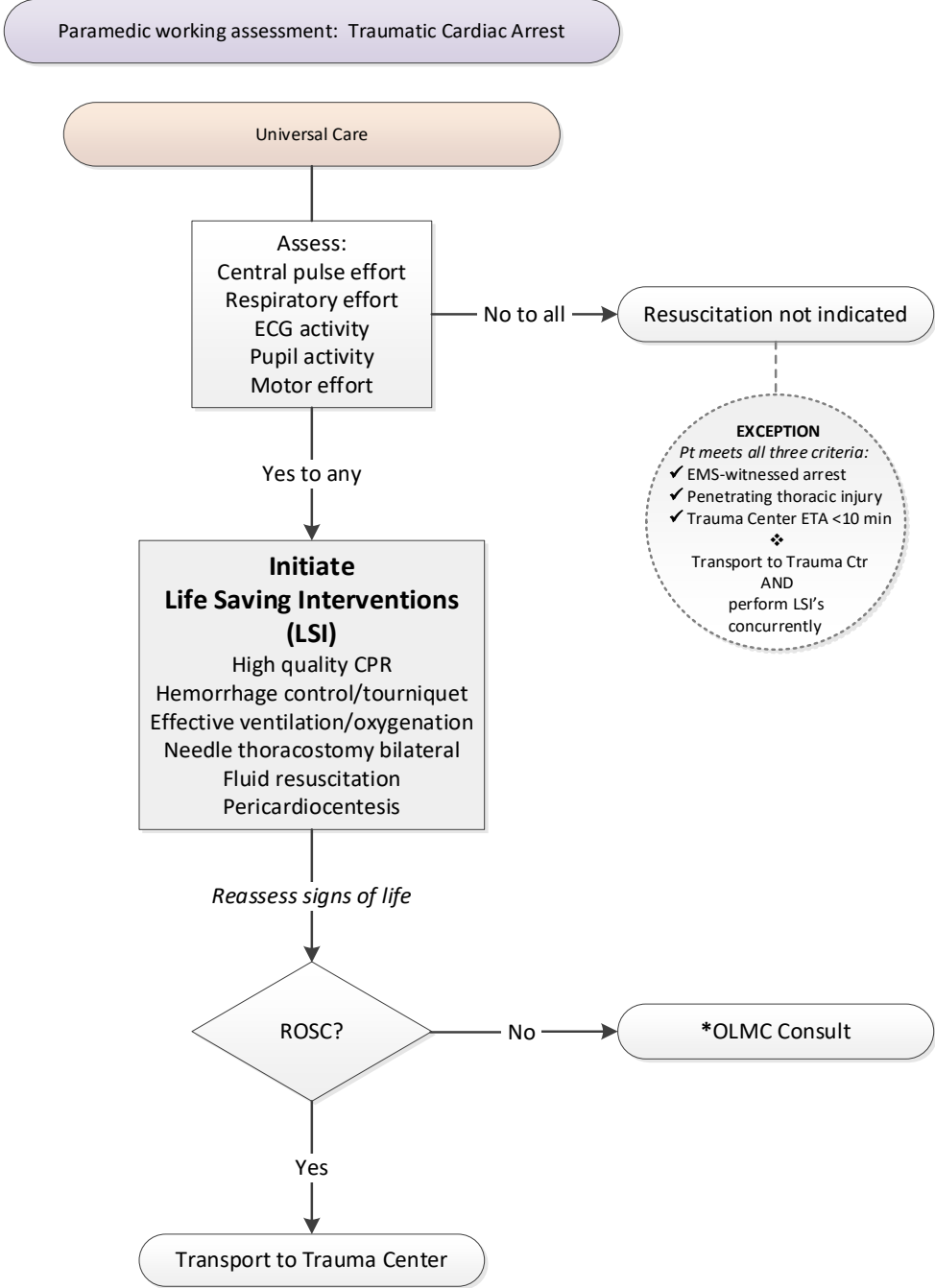
OLMC Consultation for discussion of TOR
 LSIs performed, but unsuccessful

Quality Improvement:
 Push hard (> 2 inches) and fast (100-120/min)
 Minimize interruptions in compressions
 Rotate compressors every 2 minutes
 Avoid excessive ventilation (1 breath every 6 seconds)
 Capnography early, with BVM, ongoing monitoring
 Do not delay LSIs to place LUCAS

Key Documentation elements:
 Times of resuscitation, any ROSC, and all LSIs
 Witnessed by EMS?
 Mechanism of injury
 Consider medical event leading to trauma event
 Initial rhythm
 Capnography confirmation/values

Safety Considerations:
 Generally transport only after ROSC- however circumstances may arise when transport is indicated such as certain submersion, thoracic penetrating trauma arrest, or refractory vfib/vtach cases; a mechanical CPR device is encouraged.

Notes:
 Fire victims with trauma, where ROSC is achieved, should be transported to the trauma center.
 HANGING victims should be treated as asphyxia medical arrests





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TRAUMA ARREST SBAR			
I N T R O	<p>Hello. This is MED () with a (AGE) (SEX) on scene of a TRAUMA cardiac arrest</p>		
<i>Situation</i>			
S	Arrest witnessed Bystander CPR (and/or defib) LKW Time Initial Rhythm Current Rhythm	by was of was is	EMS, Bystander, Unwitnessed Performed, Not performed Military time, Unknown VF, VT, PEA +rate, Asystole VF, VT, PEA +rate, Asystole
<i>Background</i>			
B	Airway Initial EtCO2 Current EtCO2 Access IV Fluid Volume Mechanism of injury Injury site(s) Life Saving interventions Estimated Blood Loss	is was is is totals was is/are include is	BVM only, King airway, ET tube x x IV, IO, Not obtained x mLs MVC, Ped Struck, Fall, GSW, Stabbing Head, Neck, Chest, Back, Abdomen, Flank, Extremities Needle Decompression Pericardiocentesis Tourniquet Quick Clot Pelvic Binder x mLs
<i>Significant details of the situation and PMHx</i>			
A	Past medical history Significant details of situation Minutes working this code	includes include is	MI, CABG, STENT, HTN, CHF, Diabetes, COPD, Asthma, current major illness ?any missing <i>pertinent</i> details? x mins
<i>Requests & Recommendations</i>			
R	<ul style="list-style-type: none"> ❖ We are considering... ❖ We are looking for guidance on next steps ❖ We are requesting TOR 		