Unwitnessed Trauma Arrest

Assess for:
- Respiratory effort
- Central pulse effort
- Motor effort
- ECG activity
- Pupil activity

Further resuscitation not indicated

Refer to Management of Deceased Patients Policy

Initiated: 03/01/2016
Reviewed/Revised: Revision 2
Approved: M. Riccardo Colella, DO, MPH, FACEP
Reviewed: Program Director Sternig, RN

Total Pages 2

EMS Witnessed Trauma Arrest

Penetrating Thoracic Chest Injury ONLY
ETA to trauma center <10 mins

No to all

Yes to any

Further resuscitation not indicated

ROSC?

Yes

Safe and rapid transport to trauma center; limit scene time

Medical control for further recommendations or TOR orders

No

Trauma TOR criteria emerge

If TOR order given:
- Cease resuscitation attempt
- Document time of death and
- Medical control physician number

Refer to Management of Deceased Patients Policy

Initiate Trauma Protocol and begin indicated Life Saving Interventions (LSI) such as:
- Effective ventilation / adjunct
- High quality CPR
- Fluid resuscitation
- Needle thoracentesis
- Pericardiocentesis
- Tourniquet hemorrhage control

EMS Witnessed Trauma Arrest

Rapid and safe transport
Early EMSCOM notification
Begin indicated Life Saving Interventions (LSI) enroute:
- Effective ventilation / adjunct
- High quality CPR
- Fluid resuscitation
- Needle thoracentesis
- Pericardiocentesis
- Medical Control PRN

Yes to both

Penetrating Thoracic Chest Injury ONLY
ETA to trauma center <10 mins

No to any

Yes to any

ROSC?
NOTES:
- NO ACLS drugs indicated (epi, amiodarone, calcium, bicarb) unless ordered by medical control.

Termination of Resuscitation (TOR) Criteria for Traumatic Arrest:
- Less than 20 weeks pregnant (fundus at umbilical height)
- Not believed related to environmental hypothermia
- High quality CPR unsuccessful
- Life Saving Interventions (LSI) unsuccessful
- ETCO2 10 mm Hg or less
- No agonal breaths
- No central pulses
- No muscle movement
- No ECG activity
- Fixed, non-reactive pupils

Trauma Arrest LSI and Decision to Transport Summary Matrix

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Site</th>
<th>TOR Criteria Met?</th>
<th>Start LSI?</th>
<th>Call Med Control?</th>
<th>Transport to Trauma Center?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penetrating</td>
<td>Thoracic chest or back; above abdomen</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Perhaps if time from arrest to DELIVERY at trauma center is absolutely &lt;10 min. Logistically, this would be an exceptionally rare occurrence.</td>
</tr>
<tr>
<td>Penetrating</td>
<td>Multi-site</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Transport generally not recommended unless ROSC develops.</td>
</tr>
<tr>
<td>Blunt</td>
<td>Any</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Transport generally not recommended unless ROSC develops.</td>
</tr>
</tbody>
</table>