

## 4.02 TRAUMATIC CARDIAC ARREST

<b>BLS Treatment</b>
<ul style="list-style-type: none"><li>• Assess circulation, airway, breathing, and responsiveness.</li><li>• <b>Oxygen</b> as indicated.</li><li>• Provide Spinal Motion Restriction as indicated.</li><li>• Appropriately splint suspected fractures/instability as indicated.</li><li>• Bandage wounds/control bleeding as indicated.</li></ul>
<b>ALS Treatment</b>
<ul style="list-style-type: none"><li>• Minimize scene time. All treatments should be done en route as possible.</li><li>• IV/ IO <b>Normal Saline</b> fluid bolus.</li></ul> <p><b>ASYSTOLE:</b></p> <ul style="list-style-type: none"><li>• If asystolic with no signs of life (absence of vital signs and respirations; asystole in two leads) consider pronouncement in the field (Refer to Policy 4050 Death in the Field).</li><li>• Notify medical examiner.</li><li>• Provide grief support and referrals for on-site survivors as needed.</li></ul> <p><b>V-Fib or PEA:</b></p> <ul style="list-style-type: none"><li>• Refer to Protocol 2.04 Cardiac Arrest and Policy 4050 Death in the Field.</li></ul>
<b>Comments</b>
<ul style="list-style-type: none"><li>• Consider cardiac etiology in older patients with low probability of mechanism of injury.</li><li>• If patient not responsive to trauma oriented resuscitation, consider possible medical etiology and treat accordingly.</li><li>• Unsafe scene may warrant transport despite low potential for survival.</li><li>• Minimal disturbance of potential crime scene.</li></ul>