



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: September 1, 2018

### TRAUMATIC CARDIAC ARREST

<b>Adult</b>	<b>Pediatric</b>
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#### Purpose

To provide guidelines for rapid, systematic patient assessment and intervention in the setting of traumatic cardiac arrest.

- Advanced Cardiac Life Support (ACLS) medications (i.e. Epinephrine) have limited or no benefit in the setting of traumatic cardiac arrest. Procedures such as airway assessment, needle decompression of tension pneumothorax, and fluid resuscitation take priority over chest compressions in agonal or pulseless conditions. With severe traumatic mechanisms or prolonged cardiac arrest, even the most heroic interventions can sometimes be futile.
- Using the H's and T's method, emergency medical service providers should assess for reversible causes and treat accordingly.

#### Indication

- Cardiac arrest or peri-cardiac arrest patients who are agonal and/or pulseless as a result of a traumatic mechanism.

#### ALS

Do not attempt resuscitation

- Blunt traumatic arrest with Asystole or Wide Complex PEA < 40 BPM and no SOL
- Penetrating traumatic arrest with Asystole and no SOL

Suspected medical cause

Follow Medical Cardiac Arrest Protocol

Trauma to chest or epigastrium

- Start CPR
- Simultaneously treat reversible causes
- Do not administer epinephrine

Hypovolemia	Hypoxia	Tension Pneumothorax	Cardiac Tamponade
Control external bleeding <ul style="list-style-type: none"> <li>Hemostatic dressing</li> <li>Tourniquet</li> <li>IV/IO fluid bolus</li> </ul>	Basic/Advanced airway <ul style="list-style-type: none"> <li>High flow O<sub>2</sub></li> </ul>	Needle Thoracostomy (Chest Decompression) <ul style="list-style-type: none"> <li>Consider bilateral decompression</li> </ul>	No prehospital interventions

#### Direction

- If ROSC is achieved transport to the closest Trauma Receiving Center
- Consider Termination of Resuscitation (TOR) Criteria
- Contact closest Trauma Center ED Physician for additional treatment