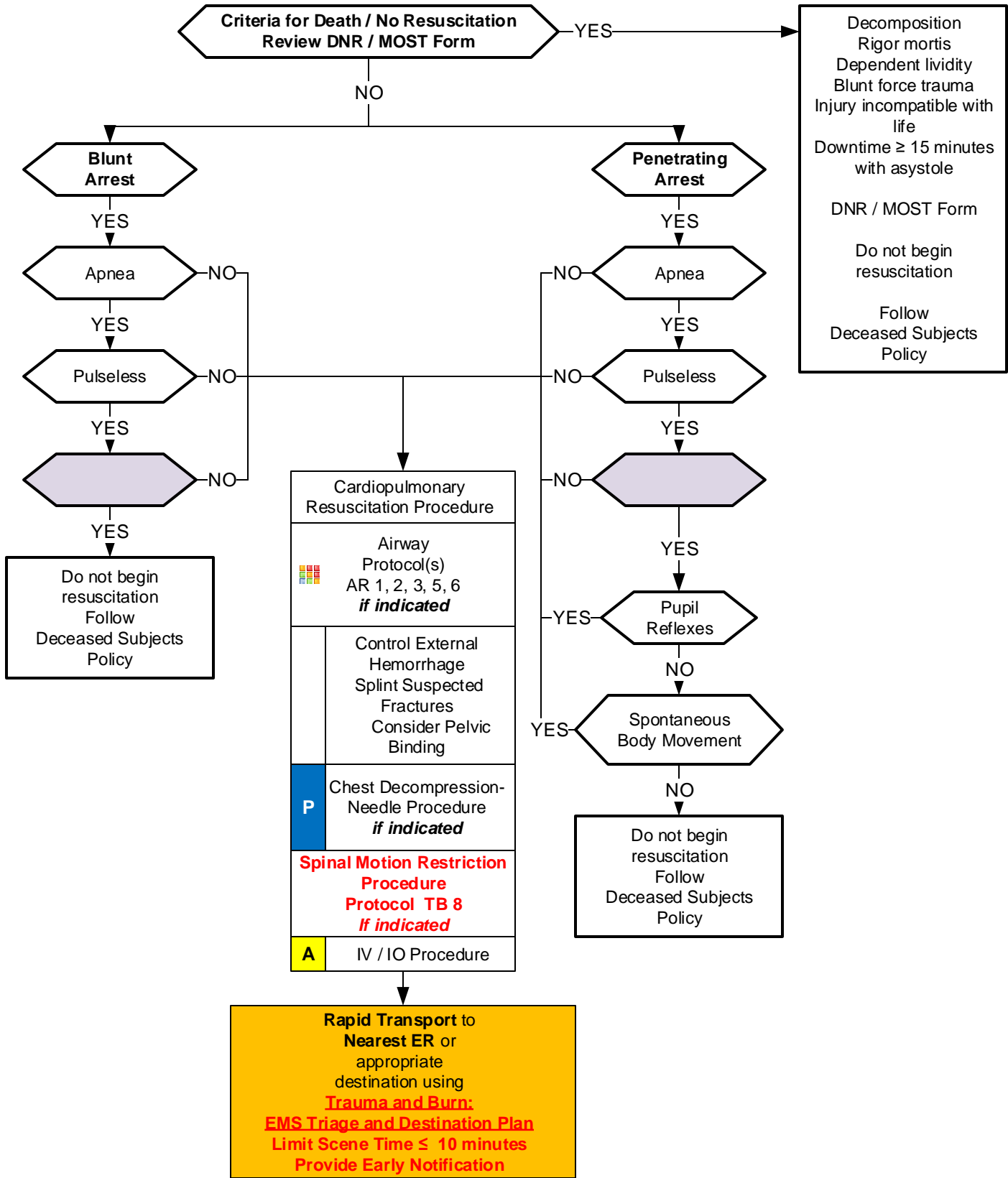
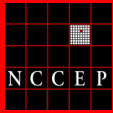


# Traumatic Arrest (Optional)



Trauma and Burn Protocol Section



# Traumatic Arrest (Optional)

## Pearls

- **Recommended Exam: Mental Status, Skin, HEENT, Heart, Lung, Abdomen, Extremities, Back, Neuro**
- **Withholding resuscitative efforts with blunt and penetrating trauma victims who meet criteria is appropriate.**
- **If transport time to Trauma Center is < 15 minutes use of ECG monitor may delay resuscitation.**
- **Rhythm determination is more helpful in rural settings or where transport to nearest facility is > 15 minutes. Omit from algorithm where appropriate.**
- **Organized rhythms for the purposes of this protocol include Ventricular Tachycardia, Ventricular Fibrillation and PEA.**
- **Wide, bizarre rhythms such as Idioventricular and severely bradycardic rhythms < 40 BPM are not organized rhythms.**
- **First arriving EMS personnel should make the assessment concerning agonal respirations, pulselessness, asystole or PEA < 40, pupillary reflexes and spontaneous body movements.**
- **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated. Consider early IO placement if available and difficult IV anticipated.**
- **DO NOT HYPERVENTILATE: If no advanced airway (BIAD, ETT) compressions to ventilations are 30:2. If advanced airway in place ventilate 8 – 10 breaths per minute.**
- **ALS procedures should optimally be performed during rapid transport.**
- **Time considerations:**
  - **From the time cardiac arrest is identified, if CPR is performed  $\geq$  15 minutes with no ROSC consider termination of resuscitation.**
  - **From the time cardiac arrest is identified, if transport time to closest Trauma Center is > 15 minutes consider termination of resuscitation.**
- **Lightning strike, drowning or in situations causing hypothermia resuscitation should be initiated.**
- **Where multiple lightning strike victims are found used Reverse Triage: Begin CPR where apneic / pulseless**
- **Agencies utilizing Targeted Temperature Management Protocol should not cool the trauma patient, but rather make every effort to maintain warmth.**