

DEMCA
TRAUMA AND ENVIRONMENTAL
TRAUMATIC ARREST

Initial Date: 6/23/2016
Revised Date: February 2020

Section 2-7

Traumatic Arrest

Purpose: To facilitate the management of patients in cardiac arrest from a suspected traumatic cause. Successful resuscitation of the traumatic cardiac arrest patient requires rapid identification and correction of specific injuries (blunt or penetrating) with prompt transport to an appropriate facility.

Indications:

1. Cardiac arrest from a suspected traumatic cause
2. Arrest <15 minutes prior to EMS arrival or unwitnessed arrest with rhythm other than asystole.

Contraindications:

1. Patient meets dead on scene. Do not attempt resuscitation and refer to **Dead on Scene Protocol**.
2. Cardiac arrest suspected to be due to a medical condition. Refer to **Cardiac Arrest Protocol**.

Treatment of witnessed traumatic cardiac arrest:

1. Control hemorrhage. Consider pelvic binder in suspected pelvic fracture.
2. Confirm arrest: check a carotid/femoral pulse for not more than 10 seconds.
3. Apply and use AED/monitor (per Electrical Therapy Procedure)
4. Promptly transfer to the nearest level I or II trauma center per **Trauma Triage Destination Protocol**. Notify per protocol.
5. Establish a patent airway with 100% oxygen administration with preference for BVM, reserving advanced airway only if concerned for airway patency.
6. Perform bilateral pleural decompression.
7. Place 2 large bore IV / IO during transport.
8. Administer Tranexamic Acid 1gm IV per protocol as available.

MCA Name: Detroit East MCA MCA
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MCA Implementation Date: 08/01/2020
Protocol Source/References:.