ADULT and PEDIATRIC TRAUMA ARREST

Initiation of Resuscitation Considerations & Care:

P ANY PEDIATRIC PATIENT NOT MEETING NON-INITIATION CRITERIA, BEGIN RESUSCITATION.

- Consider the possibility of both medical and traumatic causes (mixed mechanisms).
- Initiate a Rapid Primary Survey for reversible causes: hypoxia, tension pneumothorax, cardiac tamponade (alert ED) and hypovolemia (HTTH). Although compressions, airway, medications, etc should continue, **TREATMENT OF REVERSIBLE CAUSES SHOULD BE A PRIORITY.**
- Cardiac monitoring via AED – The appropriate algorithm should be followed, and defibrillation should be provided as indicated.
- Secure Airway and confirm with $EtCO_2$.
- Internal/External hemorrhage control (e.g., tourniquets, pelvic binders, etc.)
- If ROSC is achieved do not delay and transport immediately.

Termination of Resuscitation: CONTACT MCP FOR FIELD TERMINATION

- ♦ For adult patients in arrest resulting from blunt or penetrating trauma consider termination of resuscitation (TOR) and or non-transport if the following are met:
    - No immediately reversible cause can be determined after rapid primary survey and treatment.
    - No signs of life after treatment (e.g., respiratory effort, purposeful movements, reactive pupils, etc.)
    - Consideration of the possibility of mixed mechanisms.
    - Sustained $EtCO_2$ of below < 10
    - If no ALS equipment is available at the scene and transport will exceed 20 minutes, field termination may be considered
- Be able to provide duration of resuscitation, how long the patient was in arrest prior to EMS arrival, witnessed or unwitnessed, EtCO2, blood glucose and presenting rhythm.
- Continue care and transport if patient arrests after in the care of EMS.

Send a copy of the run sheet to the EMS Coordinator of the authorizing MCP's hospital