

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 – The appropriate rhythm algorithm should be followed and defibrillation should be provided as indicated. **Continue treating any organized rhythm with rate >40 because of the potential of pseudo-PEA**
- Secure Airway and confirm with EtCO₂.
- Bilateral needle decompression as indicated (ex. high airway resistance, chest trauma, subcutaneous air). Repeat as indicated (continued high airway pressure).
- Internal/External hemorrhage control (e.g., tourniquets, pelvic binders, etc.)
- Rapid IVF: **A** Initiate 1 liter crystalloid rapidly infused
P 20 ml/kg
- 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.)
 - Asystole or PEA < 40 without response after rapid primary survey and interventions.
 - Consideration of the possibility of mixed mechanisms.
 - Sustained EtCO₂ 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