



# Yolo County Emergency Medical Services Agency

## Protocols

Revised Date: June 1, 2023

<b>TRAUMATIC CARDIAC ARREST</b>		
<b>Adult</b>	<b>Pediatric</b>	
<b>Primary Direction</b>		
<p>To provide guidelines for rapid, systematic patient assessment and intervention in the setting of traumatic cardiac arrest.</p> <ul style="list-style-type: none"> <li>• Cardiac medications (i.e., Epinephrine, Amiodarone) have limited or no benefit in the setting of traumatic cardiac arrest.</li> <li>• Interventions take priority over chest compressions in agonal or pulseless conditions.               <ul style="list-style-type: none"> <li>○ Airway management</li> <li>○ Needle decompression</li> <li>○ Hemorrhage control</li> <li>○ Fluid resuscitation</li> </ul> </li> </ul>		
<b>BLS</b>		
<p style="text-align: center;"><u>Blunt OR Penetrating traumatic arrest <b>PRIOR</b> to EMS arrival with no Signs of Life (SOL) (e.g., pulse, respirations, heart tones, reactive pupils, reaction to pain)</u></p> <ul style="list-style-type: none"> <li>• <b>Do Not Attempt Resuscitation</b></li> </ul> <p style="text-align: center;"><u>Suspected medical cause – minor trauma not likely to be the cause of the arrest.</u></p> <ul style="list-style-type: none"> <li>• <b>Follow Medical Cardiac Arrest Protocol</b></li> </ul> <p style="text-align: center;"><u>Blunt OR Penetrating traumatic arrest <b>AFTER</b> EMS arrival (e.g., absent or agonal pulse or respirations)</u></p> <ul style="list-style-type: none"> <li>• <b>Start CPR – Continuous Chest Compressions</b> rate of 100 – 120 per minute, allow full chest recoil</li> <li>• <b>Simultaneously treat reversible causes</b> <ul style="list-style-type: none"> <li>• Treatment of reversible causes may supersede CPR as needed</li> <li>• AED placement and analysis is not indicated</li> <li>• SMR precautions are secondary to resuscitation and controlling airway</li> </ul> </li> </ul>		
External Bleeding	Airway Obstruction / Hypoxia	Penetrating Chest Trauma
<ul style="list-style-type: none"> <li>• Control external bleeding               <ul style="list-style-type: none"> <li>○ Hemostatic dressing, wound packing</li> <li>○ Tourniquet</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clear airway – Suction</li> <li>• Ventilate BVM with 100% Oxygen</li> <li>• Basic or advanced airways as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Apply chest seal with one-way valve</li> </ul>



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### ALS

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

- **Do Not Attempt Resuscitation**
- **Terminate Resuscitation if already initiated**

Traumatic Arrest Not Meeting Above Criteria

- **Rapid Transport to Trauma Receiving Center**
- **Start CPR, Defibrillate if necessary**
- **Simultaneously treat reversible causes**
- **Do not administer epinephrine or amiodarone**

Hypovolemia	Hypoxia	Tension Pneumothorax
<ul style="list-style-type: none"> <li>• <b>Fluid Bolus NS 250 mL IV/IO</b> <ul style="list-style-type: none"> <li>○ Repeat if no ROSC</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Basic or advanced airways as indicated</li> <li>• Needle Cricothyroidotomy as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Needle Thoracostomy (Chest Decompression)</li> <li>• Consider bilateral decompression in traumatic arrest due to chest trauma</li> </ul>

### Direction

- Contact the Trauma Center and advise them of a **“TRAUMA ALERT”** (preferably from the scene)
- If ROSC is achieved continue transport to the closest Trauma Receiving Center
- Contact Base Hospital for additional treatment or transport decisions