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## ***Traumatic Arrest***

**Purpose:** To facilitate 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 appropriate facility.

1. Patient that meets DOA criteria, refer to **Dead on Scene Protocol**.
2. If the trauma appears to be minor and a medical condition appears to be the cause of the cardiac arrest, follow the appropriate cardiac arrest protocol.
3. If appropriate, begin high performance CPR, if witnessed arrest or arrest was within a few minutes of EMS arrival.
4. Airway - establish patent airway with 100% oxygen administration.
5. Control bleeding, any extremity injury with significant bleeding should have a tourniquet applied. If tourniquet application is not possible, apply a pressure dressing. For blunt trauma, considerations should be made for a pelvic fracture apply a pelvic binder (commercial or sheet).
6. Prepare for transport per **MCA Trauma Triage Destination Protocol**.
7. Follow **Emergency Airway Procedure**.
-  8. When indicated, volume administration with 2 large bore IV / IO with normal saline wide open.
-  9. Chest decompression for relief of tension pneumothorax. Use at least 3" catheter either (12g, 14g, or 16g angiocath).
-  10. If there is no response to resuscitation efforts, consult with online Medical Control for termination of resuscitation.