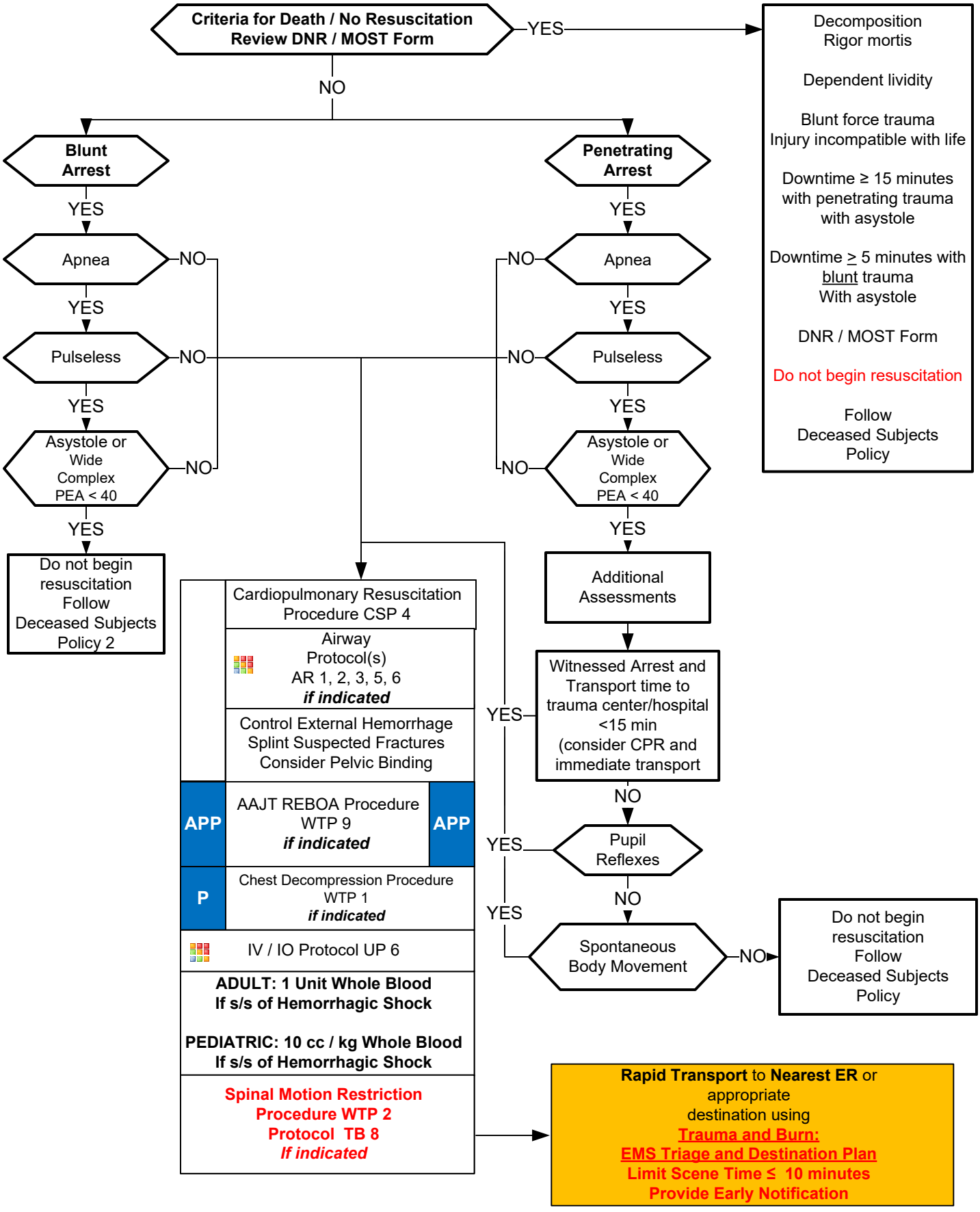
Traumatic Arrest



Traumatic Arrest

BROSELOW GUIDE

Grey	Pink	Red	Purple	Yellow	White	Blue	Orange	Green	Black

Pearls

- **Recommended Exam: Mental Status, skin, HEENT, heart, lung, abdomen, extremities, back and neuro.**
- **Withholding resuscitative efforts with blunt and penetrating trauma victims who meet criteria is appropriate.**
- **If transport time to Trauma Center is < 15 minutes use of ECG monitor may delay resuscitation.**
- **Rhythm determination is more helpful in rural settings or where transport to nearest facility is > 15 minutes. Omit from algorithm where appropriate.**
- **Low Titer O+ Whole Blood should be considered early in resuscitation efforts.**
- **Organized rhythms for the purposes of this protocol include Ventricular Tachycardia, Ventricular Fibrillation and PEA.**
- **Wide, bizarre rhythms such as Idioventricular are not organized rhythms.**
- **First arriving EMS personnel should make the assessment concerning agonal respirations, pulselessness, asystole or PEA < 40, pupillary reflexes and spontaneous body movements.**
- **Withholding resuscitative efforts with blunt and penetrating trauma victims who meet criteria, is appropriate.**
- **Airway:**
  - **Airway is a priority in traumatic arrest.**
  - **BVM and BIAD are acceptable for airway management.**
  - **Endotracheal intubation, if performed, should be completed during transport and should not extend scene time.**
- **Breathing:**
  - **Consider Chest Decompression in both blunt and penetrating trauma.**
  - **Needle Chest Decompression permissible at the AEMT level only involving TRAUMATIC PULSELESS ARREST.**
- **Circulation:**
  - **Control external hemorrhage, including use of tourniquets, and prevent hypothermia by keeping patient warm.**
  - **IV or IO access should be established during rapid transport of unstable patients.**
  - **If transport time to Trauma Center is < 15 minutes, use of ECG monitor may delay resuscitation and transport.**
  - **Rhythm determination is more helpful in rural settings, or where transport to nearest facility is > 15 minutes. Omit from algorithm where appropriate.**
  - **Organized rhythms, for purpose of protocol, include Ventricular Tachycardia, Ventricular Fibrillation, and PEA.**
  - **Wide, bizarre rhythms (Idioventricular and severely bradycardic rhythms < 40 BPM), are not organized rhythms.**
- **Trauma Triad of Death:**
  - **Metabolic acidosis/ Coagulopathy/ Hypothermia**
- **Performance of appropriate resuscitation measures and keeping patient warm, regardless of ambient temperature, helps to treat metabolic acidosis, coagulopathy, and hypothermia.**
- **Efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated. Consider early IO placement if available and difficult IV anticipated.**
- **DO NOT HYPERVENTILATE: If no advanced airway (BIAD, ETT) continuous compressions with apneic oxygenation. If advanced airway in place ventilate 8 – 10 breaths per minute.**
- **ALS procedures should optimally be performed during rapid transport.**
- **Time considerations:**
  - **From the time cardiac arrest is identified, if CPR is performed ≥ 15 minutes with no ROSC consider termination of resuscitation.**
  - **From the time cardiac arrest is identified, if transport time to closest Trauma Center is > 15 minutes consider termination of resuscitation.**
- Lightning strike, drowning or in situations causing hypothermia resuscitation should be initiated.
- Where multiple lightning strike victims are found used Reverse Triage: Begin CPR where apneic / pulseless.