



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
TRAUMATIC CARDIOPULMONARY ARREST – ADULT/ADOLESCENT

#: BH-T-10
Page: 1 of 2
Org. Date: 05/2016
Revised Date: 07/20/2023

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If no signs of life, consider OCEMS Policy# 330.50, "Withholding Prehospital CPR for the Obviously Dead" (particularly for blunt trauma cardiopulmonary arrest victims):
 - Assess respiratory status
 - Assess cardiac status
 - Assess pupil light reflexes and response to voice and touch stimulation
 - If there is uncertainty regarding the above findings supporting the withholding of CPR for a victim who appears obviously dead, obtain cardiac rhythm strips in two leads to confirm asystole to support the assessment of the victim being obviously dead.
3. Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway- Base Hospital Triage to closest open
 - Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) - triage to closest appropriate Trauma Center
4. Transport of trauma victims should be rapid with treatment en route when possible.

ALS STANDING ORDER

1. Initiate and maintain uninterrupted CPR. Apply an Automatic Chest Compression Device at any time as needed.
2. Suction and maintain open airway, assist ventilations with BVM and high flow oxygen.
 - If airway cannot be maintained or if obstructed, consider direct laryngoscopy or immediate advanced airway.
3. Immediate hemorrhage control, if indicated, with wound packing and/or tourniquets.
4. Monitor cardiac rhythm and manage treatable dysrhythmias using cardiac standing orders.
5. If chest injury and suspected tension pneumothorax:
 - ▶ Place Needle Thoracostomy to side of chest with absent breath sounds.
 - ▶ Place bilateral Needle Thoracostomy when bilateral chest trauma observed.
6. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - 250 ml Normal Saline fluid bolus, continue Normal Saline as a wide-open infusion to attain or maintain perfusion.
7. Initiate or maintain spinal motion restriction as appropriate.
8. If further orders required for patient stabilization, contact Base Hospital.
9. ALS transport to a Trauma Center as directed by Base Hospital.
10. If trauma is clearly the cause of cardiopulmonary arrest (gunshot wound to the chest, pedestrian hit by car at high speed, etc), administration of epinephrine is not indicated.

Approved:

Carl Schultz, MD

Reviewed: 05/2016, 01/2016, 08/2020, 09/2022, 7/20/2023
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BASE GUIDELINES

AIS STANDING ORDER

TREATMENT GUIDELINES:

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- Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
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