



TRAUMATIC CARDIOPULMONARY ARREST – ADULT/ADOLESCENT

ALS STANDING ORDERS:

1. Initiate and maintain uninterrupted CPR. For blunt trauma, apply an Automatic Chest Compression Device at any time as needed. For penetrating trauma, apply only during ambulance transport.
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. For further orders required for patient stabilization, contact Base Hospital. Provide ALS transport to a Trauma Center as directed by Base Hospital.
9. If trauma is clearly the cause of cardiopulmonary arrest (gunshot wound to the chest, pedestrian hit by a car at high speed, etc), administration of epinephrine is not indicated.

Approved:

Carl Schultz, MD.

Reviewed: 5/2016; 01/2019; 08/2020; 09/2022; 07/2023

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TREATMENT GUIDELINES:

- 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.

- Trauma arrest patients for who resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway - Base Hospital triage to closest appropriate Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) - Base Hospital triage to closest appropriate Trauma Center.

- Transport of trauma victims should be rapid with treatment enroute when possible.

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Carl Schultz, M.D.

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