## Traumatic Cardiac Arrest

### BLS

<table>
<thead>
<tr>
<th>ADULT</th>
<th>PEDIATRIC (≤34KG)</th>
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</thead>
<tbody>
<tr>
<td>• Universal Protocol #601</td>
<td>Same as Adult</td>
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<tr>
<td>• Obvious Death – see Prehospital Determination of Death Policy #125</td>
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<tr>
<td>• Follow HPCPR guidelines for CPR (10:1) and minimize interruptions (&lt; 5 seconds)</td>
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</tbody>
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### BLS Optional

Pulse Oximetry – O₂ administration per Airway Management Protocol #602

### ALS Standing Orders

- **Traumatic arrest with signs of life on EMS arrival and < 20 min from trauma center or hospital**
  - Do not delay transport
  - Perform ALS treatments en route
  - **Normal Saline** up to 500 mL – repeat x1 if no ROSC or SBP of < 90 mmHg
  - **Do not use Epinephrine or Lidocaine** unless the arrest is suspected to be of medical origin
  - Resuscitate and treat for reversible causes, i.e. hypoxia, hypovolemia, tension pneumothorax
  - For suspected tension pneumothorax see Needle Thoracostomy Procedure #705

- **Traumatic arrest with absent signs of life on EMS arrival**
  - With absent signs of life consider non-initiation – Prehospital Determination of Death Policy #125

### Base Hospital Orders Only

- **Traumatic arrest with signs of life on EMS arrival and > 20 min from trauma center or hospital**
  - Contact SLO Trauma Center for treatment and/or destination
  - Termination of resuscitation
  - As needed

### Notes

- Absent signs of life assessment include: pulseless, apneic, lack of heart and lung sounds, fixed and dilated pupils
- Trauma Center is the preferred destination if equal or near equal distance
- Do not delay transport for advanced airway or other treatment modalities
- Consider medical origin in older patients with low probable mechanism of injury
- Unsafe scene or other circumstances may warrant transport despite low potential for survival
- Minimize disturbance of potential crime scene