

<b>TRAUMATIC CARDIAC ARREST</b>	
<b>ADULT</b>	<b>PEDIATRIC (≤34KG)</b>
<b>BLS</b>	
<ul style="list-style-type: none"> <li>• Universal Protocol #601</li> <li>• Obvious Death – see Prehospital Determination of Death Policy #125</li> <li>• Follow HPCPR guidelines for CPR (10:1) and minimize interruptions (&lt; 5 seconds)</li> </ul>	Same as Adult
<b>BLS Optional</b>	
Pulse Oximetry – O <sub>2</sub> administration per Airway Management Protocol #602	
<b>ALS Standing Orders</b>	
<p><b>Traumatic arrest <u>with</u> signs of life on EMS arrival <u>and</u> &lt; 20 min from trauma center or hospital</b></p> <ul style="list-style-type: none"> <li>• Do not delay transport</li> <li>• Perform ALS treatments en route</li> <li>• <b>Normal Saline</b> up to 500 mL – repeat x1 if no ROSC or SBP of &lt; 90 mmHg</li> <li>• <b>Do not use Epinephrine or Lidocaine</b> unless the arrest is suspected to be of medical origin</li> <li>• Resuscitate and treat for reversible causes, i.e. hypoxia, hypovolemia, tension pneumothorax</li> <li>• For suspected tension pneumothorax see Needle Thoracostomy Procedure #705</li> </ul> <p style="text-align: center;"><b>Traumatic arrest <u>with absent</u> signs of life on EMS arrival</b></p> <ul style="list-style-type: none"> <li>• With absent signs of life consider non-initiation – Prehospital Determination of Death Policy #125</li> </ul>	<p style="text-align: center;">Same as Adult (except as noted below)</p> <ul style="list-style-type: none"> <li>• <b>Normal Saline</b> 20 mL/kg IV/IO – reassess and repeat</li> </ul>
<b>Base Hospital Orders Only</b>	
<ul style="list-style-type: none"> <li>• Traumatic arrest <u>with</u> signs of life on EMS arrival <u>and</u> &gt; 20 min from trauma center or hospital                             <ul style="list-style-type: none"> <li>○ Contact SLO Trauma Center for treatment and/or destination</li> </ul> </li> <li>• Termination of resuscitation</li> <li>• As needed</li> </ul>	Same as Adult
<b>Notes</b>	
<ul style="list-style-type: none"> <li>• Absent signs of life assessment include: pulseless, apneic, lack of heart and lung sounds, fixed and dilated pupils.</li> <li>• Trauma Center is the preferred destination if equal or near equal distance.</li> <li>• Do not delay transport for advanced airway or other treatment modalities.</li> <li>• Consider medical origin in older patients with low probable mechanism of injury.</li> </ul>	

- Unsafe scene or other circumstances may warrant transport despite low potential for survival.
- Minimize disturbance of potential crime scene.
- Consider Oral Intubation or Supraglottic Airways (Adults), provider discretion.
- If the provider cannot accomplish an ALS airway, they should document in the PCR why an ALS airway wasn't accomplished.