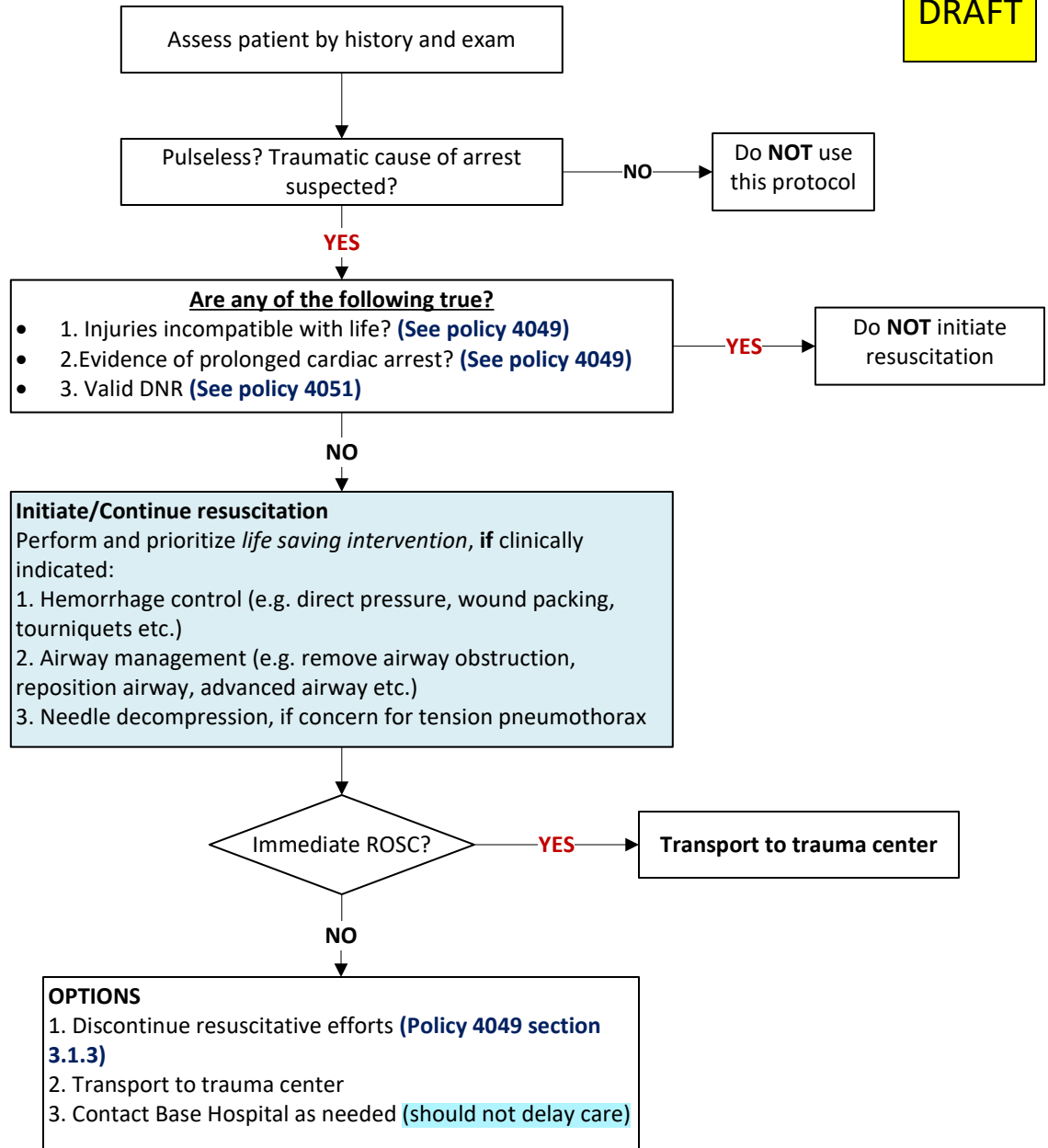


4.02 TRAUMATIC CARDIAC ARREST EMSAC OCTOBER 2025

DRAFT



COMMENTS

- If there is any suspicion of a medical cause for cardiopulmonary arrest (e.g. older patient with low mechanism), refer to medical cardiac arrest protocol.
- If transporting, minimizing scene time is a priority. All interventions, EXCEPT hemorrhage control, management of airway obstruction and needle decompression should be done en route to hospital as appropriate.
- Chest compressions are generally NOT recommended in traumatic cardiopulmonary arrest. External chest compressions may be considered but only secondary to other life-saving interventions. LUCAS is NOT indicated in traumatic cardiac arrest.
- Epinephrine is NOT recommended in traumatic cardiopulmonary arrest.
- If patient remains pulseless after attempted life-saving, there is a very low possibility of survival especially for blunt trauma.
- Unsafe scene may warrant transport or alternative treatment despite low potential for survival.
- Minimal disturbance of possible crime scene.