4.02 Traumatic Cardiopulmonary~~ac~~ Arrest

EMSAC JULY 2025

BLS Treatment

- If patient has signs of obvious death or a valid DNR Medical Order refer to 4050 for death pronouncement.
- If attempting resuscitation, control external hemorrhage control with direct pressure, wound packing and tourniquets as indicated.
- Assess circulation, airway, breathing and responsiveness.
- If there is concern for airway obstruction, consider repositioning or BLS airway (OPA and BVM) as indicated.
- Chest compressions are NOT indicated in traumatic cardiopulmonary arrest
- Initiate transport to trauma center with ongoing resuscitation.
- ~~Oxygen as indicated~~
- ~~Provide Spinal Motion Restriction as indicated~~
- ~~Appropriately Splint suspected fractures/instability as indicated~~
- ~~Bandage wounds/control bleeding as indicated.~~

ALS treatment

- ~~Assess circulation, airway, breathing and responsiveness~~
- If there is concern for airway obstruction that does not improve with BLS airway, use advanced airway as indicated.
- If there is suspected thoracoabdominal trauma and clinical concern for a tension pneumothorax, consider chest unilateral or bilateral needle decompression.
- If cardiopulmonary arrest is witnessed by EMS personnel, minimize scene time and initiate transport to trauma center if <15 minutes.
- If cardiopulmonary arrest is unwitnessed by EMS personnel, and transport to trauma center is >15 minutes there is a very low possibility of survivability. Review criteria for discontinuing resuscitative efforts (Refer to 4049 section 3.1.3) and/or contact Base Hospital Physician.
- Epinephrine is NOT indicated in traumatic cardiopulmonary arrest.
- ~~Minimize scene time. All treatments should be done en route as possible~~. ~~IV/IO Normal Saline fluid bolus.~~

Comments

- Unsafe scene may warrant transport despite low potential for survival.
- 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. Chest compressions and epinephrine do not have a role in isolated trauma cardiopulmonary arrest.
- Minimize scene time. All interventions, except hemorrhage control and needle decompression should be done en route to hospital as appropriate.
- ~~Consider cardiac etiology in older patients with low probability of mechanism of injury.~~
- ~~If patient not responsive to trauma oriented resuscitation, consider possible medical etiology and treat accordingly.~~
- Minimal disturbance of possible crime scene.