

TRAUMA ARREST

History:

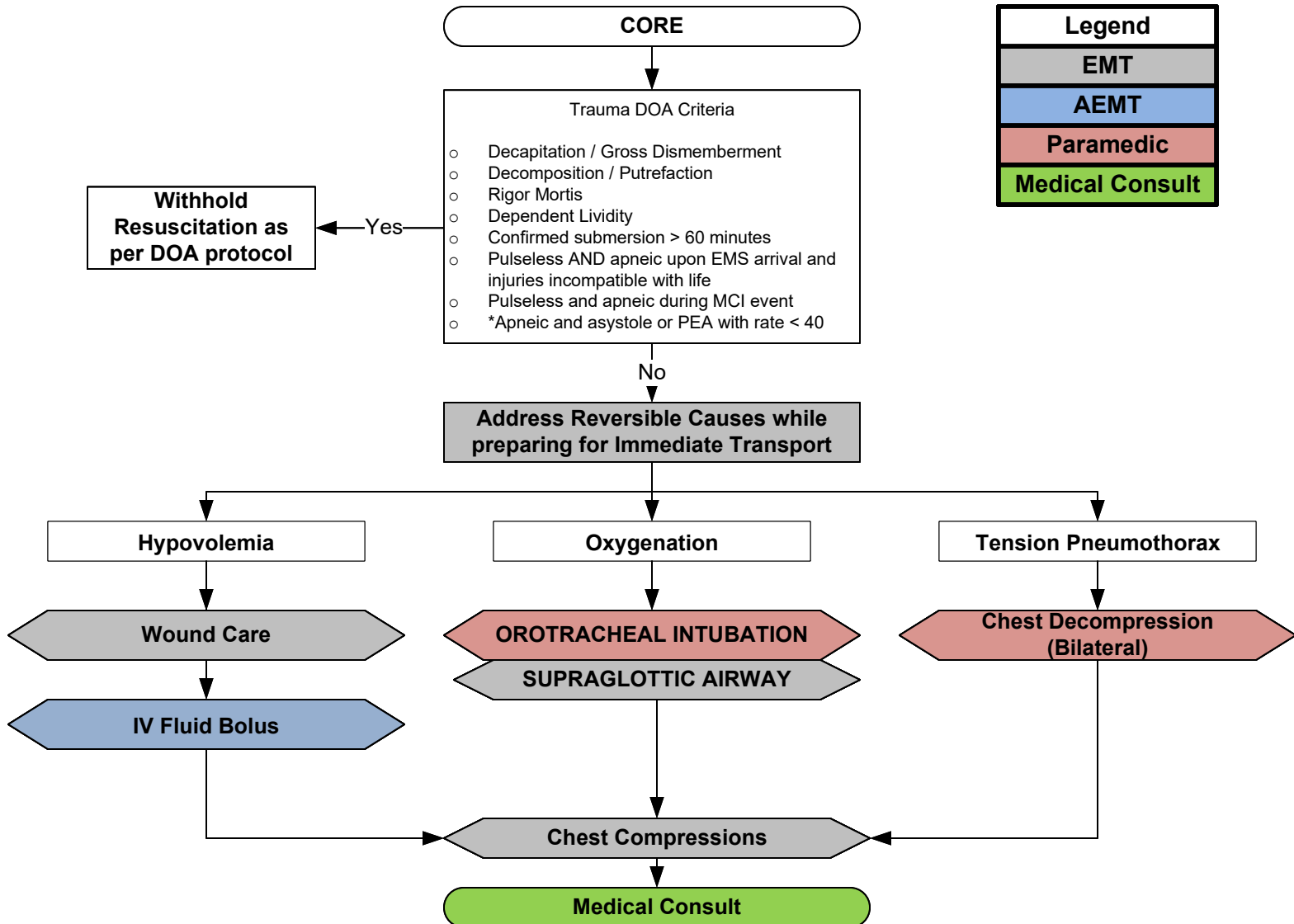
- Traumatic injury and patient is pulseless

Signs and Symptoms:

- Visible penetrating trauma
- Evidence of blunt trauma
- Significant mechanism of injury

Differential:

- Medical arrest preceding trauma event
- Tension Pneumothorax
- Hypovolemic Shock



Pearls:

- Minimize scene time and transport to definitive care facility per regional trauma protocol.
- Chest Compressions should ideally be performed simultaneously while addressing reversible causes; however, if necessary they may be delayed or paused during treatment of reversible causes.
- Medications have not been shown to improve outcomes in traumatic arrest.
- Medications should only be considered after all other interventions have been performed.
- Cardiac arrest resuscitation of the following patients should follow the appropriate medical/cardiac arrest protocol and worked on scene for a minimum of 30 minutes unless extenuating circumstances exist.
 - Suspected medical arrest preceding trauma event i.e. minor single vehicle MVC with patient in VF
 - Possible overdose
 - Hanging
 - Drowning
 - Lightning
 - Snake bites
 - Hypothermia

*Medical consult is required before presumption of death for patients without injuries incompatible with life and presenting with asystole or PEA < 40 per minute.