

# TRAUMATIC ARREST

	EMR	EMT	PM
1. Provide <a href="#">Adult Routine Trauma Care</a> - treat life threatening problems with airway, breathing circulation and disability.	•	•	•

## WITHHOLDING RESUSCITATION

2. Patients in asystole or Patients with an injury incompatible with life: decapitation thoracic transection incineration (90% surface area burn)			•
3. Contact <b>OLMC</b> for confirmation and time of death			•

## INITIATE RESUSCITATION

2. Patients presenting in the following conditions: <a href="#">drowning</a> <a href="#">hypothermia</a> visible pregnancy pediatric witnessed loss of pulse for penetrating trauma MOI does not fit a traumatic cause for arrest if any electrical activity is present		•	•
3. Minimize on scene time. Initiate rapid transport to <b>closest</b> Trauma Center		•	•
4. Treatment should focus on reversible causes of PEA/traumatic arrest			•
5. DO NOT administer <b>EPINEPHRINE</b> 1 mg/10mL for traumatic arrest			•

## PEARLS:

1. When the mechanism of injury does not correlate with the clinical condition, suggesting a nontraumatic cause of cardiac arrest, standard resuscitative measures should be followed. In such cases, refer to appropriate protocol
2. Survival from traumatic cardiac arrest requires careful coordination between rapid prehospital assessment, EMS clinician treatment of reversible causes of traumatic cardiac arrest and transport that is rapid
3. Treatment priorities should initially focus on control of massive hemorrhage (including management of pelvis fractures), airway management, and consideration of bilateral [needle decompression](#). If CPR is performed, it should be performed en route to the hospital