



INDICATION	<ul style="list-style-type: none"> • Patient presenting in respiratory/cardiac arrest that is suspected to be caused by trauma.
BLS	<ul style="list-style-type: none"> • Initiate CPR. • Follow General Trauma Care T-01. • If indicated, follow Napa County EMS Agency Administrative Policy 115, Determination of Death. • If indicated: <ul style="list-style-type: none"> • Perform necessary BLS Interventions: <ul style="list-style-type: none"> ▪ Initiate use of automated external defibrillator (AED). ▪ Control bleeding through the use of direct pressure, elevation, pressure dressings, and if necessary, Major Hemorrhage Control T-03. ▪ Spinal Motion Restriction BP-05, and Pelvic Binder BP-07.
ALS	<p>If indicated:</p> <ul style="list-style-type: none"> • Perform necessary ALS Interventions: <ul style="list-style-type: none"> • Endotracheal Intubation AP-01. • Needle Thoracostomy AP-05. • Initiate intravenous therapy and/or Intraosseous Infusion AP-08 and Fluid Challenge AP-09 according to hemodynamic stability. • Treat rhythm according to appropriate cardiac arrest field treatment guideline.
KEY CONCEPTS	<ul style="list-style-type: none"> • The use of mechanical compression device is not indicated in traumatic arrest patients. • Patients in cardiac arrest secondary to a traumatic arrest should be prepared for early transport to appropriate destination. Limit on scene time to less than 10 minutes when possible. • Whenever possible, the only treatment that should be performed prior to initiating transport should be CPR, defibrillation, spinal motion restriction, BLS/ALS airway management, and needle thoracostomy. • Advanced Cardiac Life Support therapy should not be performed prior to transport. • In cases of traumatic arrest, epinephrine is not indicated in PEA or asystole. Epinephrine will not correct arrest caused by a tension pneumothorax, cardiac tamponade, or hemorrhagic shock. If there is any doubt as to the cause of arrest, treat as a non-traumatic arrest. • Prior to terminating resuscitative efforts in an adult traumatic arrest with suspected blunt thoracic trauma, consider performing bilateral Needle Thoracostomy AP-05.