

<b>Traumatic Cardiac Arrest</b>	
<b>ADULT</b>	<b>PEDIATRIC</b>
<b>BLS Procedures</b>	
<ul style="list-style-type: none"> <li>Assess for viability per policy 606</li> <li>Treat immediate threats to life                             <ul style="list-style-type: none"> <li><b>External hemorrhage:</b> Tourniquet as indicated</li> <li><b>Airway and Breathing:</b> Clear airway when indicated, place OPA, BVM ventilations</li> <li><b>Chest Compressions:</b> Chest compressions should be performed, when possible, without delaying transport or other treatments</li> </ul> </li> <li>Rapid trauma assessment per Trauma Treatment guidelines to identify potential injuries and prioritize interventions</li> </ul>	
<b>ALS Standing Orders</b>	
Assess patient and mechanism Prioritize interventions in order of suspected etiology	
<p><b>Optimize Oxygenation/Ventilation</b></p> <ul style="list-style-type: none"> <li>Advanced airway per policy</li> </ul> <p><b>Correct potential obstructive shock</b></p> <ul style="list-style-type: none"> <li>Maintain high Index of suspicion for tension pneumothorax</li> <li>Bilateral needle thoracostomy per policy 715</li> </ul> <p><b>Treat potential exsanguination</b></p> <ul style="list-style-type: none"> <li>Tourniquet for any external hemorrhage</li> <li>Obtain bilateral large bore IV or IO access</li> <li><b>Normal Saline</b> <ul style="list-style-type: none"> <li>1 L normal saline bolus simultaneously via each IV/IO</li> <li>Utilize pressure bag for rapid fluid administration</li> <li>Repeat PRN during arrest</li> </ul> </li> <li><b>Whole Blood</b> - When arrest is witnessed by EMS and hemorrhage is a likely cause.                             <ul style="list-style-type: none"> <li>Warm and rapidly transfuse one unit of low titer O+ whole blood.</li> <li>Repeat x 1 when indications return or persist.</li> </ul> </li> </ul> <p><b>Treat Cardiovascular Collapse</b></p> <ul style="list-style-type: none"> <li>High quality CPR</li> </ul> <p><b>If palpable pulse becomes present;</b></p> <ul style="list-style-type: none"> <li>Re-assess for and control external hemorrhage.</li> <li><b>Tranexamic Acid</b> - Administer as indicated in VCEMS Policy 734 and 705.14.</li> <li>Titrate normal saline to SBP <math>\geq</math> 90 mmHg or palpable peripheral pulses.</li> </ul>	<p><b>Optimize Oxygenation/Ventilation</b></p> <ul style="list-style-type: none"> <li>Clear airway obstruction and suction as indicated</li> </ul> <p><b>Correct potential obstructive shock</b></p> <ul style="list-style-type: none"> <li>Maintain high Index of suspicion for tension pneumothorax</li> <li>Bilateral needle thoracostomy per policy 715</li> </ul> <p><b>Treat potential exsanguination</b></p> <ul style="list-style-type: none"> <li>Tourniquet for any external hemorrhage</li> <li>Obtain bilateral large bore IV or IO access</li> <li><b>Normal Saline</b> <ul style="list-style-type: none"> <li>20 mL/kg normal saline bolus simultaneously via each IV/IO</li> <li>Utilize pressure bag or push pull technique for rapid fluid administration</li> <li>Repeat PRN during arrest</li> </ul> </li> </ul> <p><b>Treat Cardiovascular Collapse</b></p> <ul style="list-style-type: none"> <li>High quality CPR</li> </ul> <p><b>If palpable pulse becomes present;</b></p> <ul style="list-style-type: none"> <li>Re-assess for and control external hemorrhage.</li> <li><b>Tranexamic Acid</b> - Administer as indicated in VCEMS Policy 734 and 705.14.</li> <li>Titrate normal saline to target SBP or palpable peripheral pulses.</li> </ul>
<b>Base Hospital Orders only</b>	
Consult with ED Physician when orders are needed for interventions within scope but not addressed in policy.	
<b>Additional Information</b>	
<ul style="list-style-type: none"> <li>Focus on reversible causes. Utilize <b>Epinephrine</b> per 705.07 or 705.08 if suspected medical etiology of arrest. May also discuss with base hospital for additional guidance if unusual circumstances.</li> <li>Lung sounds are subjective and when pneumothorax is present will worsen over time with BVM ventilations. Diminished or absent lung sounds should make needle thoracostomy the priority. Any other findings are inconclusive and do not contraindicate needle thoracostomy.</li> <li>IO access is preferred for initial access unless circumstances are such that IO is less likely to be successful than IV.</li> <li>Basic interventions should be initiated immediately and can be terminated if indicated after initial 606 assessment.</li> <li>Intubation of immobilized patient in cardiac arrest is inherently difficult. Strongly consider use of supraglottic device as primary advanced airway adjunct.</li> <li>Minimize Scene time to <math>\leq</math> 10 minutes.</li> </ul>	