

Trauma Full Arrest

Critical Thinking:

Resuscitation success rates of trauma patients in cardiac arrest are extremely poor. Patients who are found pulseless, apneic, and unresponsive after massive blunt or penetrating trauma may be pronounced dead on the scene after consulting with Medical Control.

Determine if the mechanism caused the arrest or if a medical reason caused the arrest then the trauma. If the patient went into cardiac arrest and then had a minor MVC, resuscitation may be still be possible.

Cardiac arrest in pregnant patients is treated the same as other patients. Defibrillation settings and drug dosages are exactly the same. If a pregnant patient has a traumatic arrest and can reach the hospital within 5 minutes, a perimortem c-section can be attempted to save the baby.

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control



EMR	<ol style="list-style-type: none"> 1. Refer to Cardiac Arrest Protocol as applicable. If a medical cardiac arrest precipitating a minor trauma is suspected in a pulseless patient, begin CPR. 2. Determine underlying/treatable causes (medical vs. blunt trauma). 3. Call for ALS/or helicopter transport. 	EMR
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EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Contact medical control early. 3. Prompt, but safe transport. 4. Obtain and transmit a 12-lead if time allows. 	EMT
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I	<ol style="list-style-type: none"> 1. Continue BLS care. 2. If a medical cardiac arrest precipitating a minor trauma is suspected, begin ACLS and refer to the Cardiac Arrest SMO. 3. If the patient has a pulse initially and loses pulses en route to a Trauma Center, begin ACLS and notify the Trauma Center immediately in case the patient meets criteria for a thoracotomy upon arrival. 3. If severe blunt or penetrating trauma is suspected and the patient is pulseless on scene, see Withholding Resuscitation SMO. 	I
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