Mountain-Valley
EMERGENCY MEDICAL SERVICES AGENCY

POLICIES AND PROCEDURES

POLICY: 554.83
TITLE: Traumatic Cardiac Arrest

EFFECTIVE: 02/13/2019
REVIEW: 02/2024
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

Traumatic Cardiac Arrest

I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

II PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, AEMTs and Paramedics within their scope of practice.

III. PROTOCOL

STANDING ORDERS	
ASSESS	CAB
CPR	Do not delay transport even if CPR has to be interrupted. Minimize interruptions in compressions as much as possible.
MONITOR	For V-Fib or Pulseless V-Tach: defibrillate once at 360J or equivalent biphasic energy setting. Complete this protocol before referring to cardiac protocols.
SECURE AIRWAY/ INTUBATE	Use the simplest effective method while maintaining SSMR. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Beyond BLS airway management refer to General Procedures Protocol 554.00
OXYGEN	Ventilate with bag-valve or approved ventilator and 100% oxygen.
UNCONTROLLED HEMORRHAGE	Pack truncal penetrating injuries with Hemostatic dressings if applicable. Place a tourniquet for uncontrolled extremity hemorrhage.
SPINE IMMOBILIZATION	If indicated, refer to 554.80 Selective Spinal Movement Restriction
IV/IO ACCESS	Two 14-16 gauge, wide-open until systolic BP 80 mmHg or 2L infused, then TKO. If systolic BP remains less than 80, give 250 ml boluses until systolic BP reaches 80 mmHg. Reassess the patient after each bolus
	CONSIDER
NEEDLE THORACOSTOMY	10 or 12 gauge catheter-over-needle, minimum 3.25 inch length, inserted into affected side in the second intercostal space, mid-clavicular line. Perform on other side if no response to treatment and the tension pneumothorax physiology persists. Secure catheter.
BASE PHYSICIAN ORDERS	
DETERMINATION OF DEATH	Refer to Determination of Death Protocol 570.20