POLICY: 554.83
TITLE: Traumatic Arrest

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

TRAUMATIC 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, AEMT's, and Paramedics within their scope of practice.

III. PROTOCOL
Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic A=Advanced EMT D = Base Hospital Physician Order Required

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
HP-CPR: including AED with AP pad placement . Use mechanical compression device if available or switch CPR providers every 2 minutes. Avoid interruption.	X	X	X	X	X	
HEMOSTATIC GAUZE: if hemorrhage is not controlled by basic intervention can be used in head and/or extremity wounds.		X	X	X	X	
TOURNIQUET: if hemorrhage is not controlled by basic intervention.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	

ECG MONITOR:
• Assess rhythm.
  ○ If asystole, discontinue resuscitation efforts.
  ○ **Complete Traumatic Arrest Protocol and refer to appropriate cardiac guidelines.** Lead placement may be delegated.
					X	

TRANSPORT: if within 5 minutes of nearest hospital.	X	X	X	X	X	
ADVANCED BLS AIRWAY: Consider SGA.			X	X	X	
ADVANCED ALS AIRWAY: Consider ETI if ROSC achieved and no SGA in place.					X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	

CAPNOGRAPHY: apply and monitor.					X	
OXYGEN: ventilate with 100% oxygen.	X	X	X	X	X	
	F	E	O	A	P	D
NEEDLE THORACOSTOMY: insert bilaterally between 2nd & 3rd intercostal space midclavicular line OR between 4th & 5th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Repeat if suspected catheter occlusion.					X	
VASCULAR ACCESS: P - IV/IO. AEMT - IV only. Establish at least 2 large bore IVs and administer 1 liter NS bolus. Additional boluses as indicated to SBP ≥ 90. Reassess after each bolus.				X	X	
IF ROSC						
SPINAL MOTION RESTRICTION	X	X	X	X	X	
TRANSPORT	X	X	X	X	X	
***TRANEXAMIC ACID:** 2 gm rapid IV/IO push if indicated.					X	
DRESS & SPLINT: as indicated.	X	X	X	X	X	
IF NO ROSC						
****TERMINATION OF RESUSCITATION:** • NOT hypothermic, • NOT victim of submersion, • NOT obviously pregnant, • Reversible causes treated, • NO ROSC after 5 two-minute cycles of HP-CPR performed		X	X	X	X	

* TXA should be administered to trauma patients who meet the following criteria, unless otherwise indicated:

1. Systolic BP of less than 90 mmHg.
2. Uncontrolled bleeding.
3. Time of injury < 3 hours.

****Refer to Policy #570.20, DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING**