

## TRAUMATIC CARDIAC ARREST

**For traumatic cardiac arrest patients > 18 y/o initiate resuscitation on all patients with a narrow complex rhythm (<0.12 sec) and transport to the closest facility after life threatening injuries are cared for, the patient is immobilized and airway secured.**

- a) No resuscitation indicated on patients in asystole or wide complex PEA < 30 BPM.
- b) Large Bore IV/IO(s) wide open should be done enroute
- c) **NO MEDICATIONS** shall be administered unless per medical control

**For patients < 18 y/o resuscitation shall be initiated and transport began, unless the patient has obvious signs of death or prolonged scene time.**

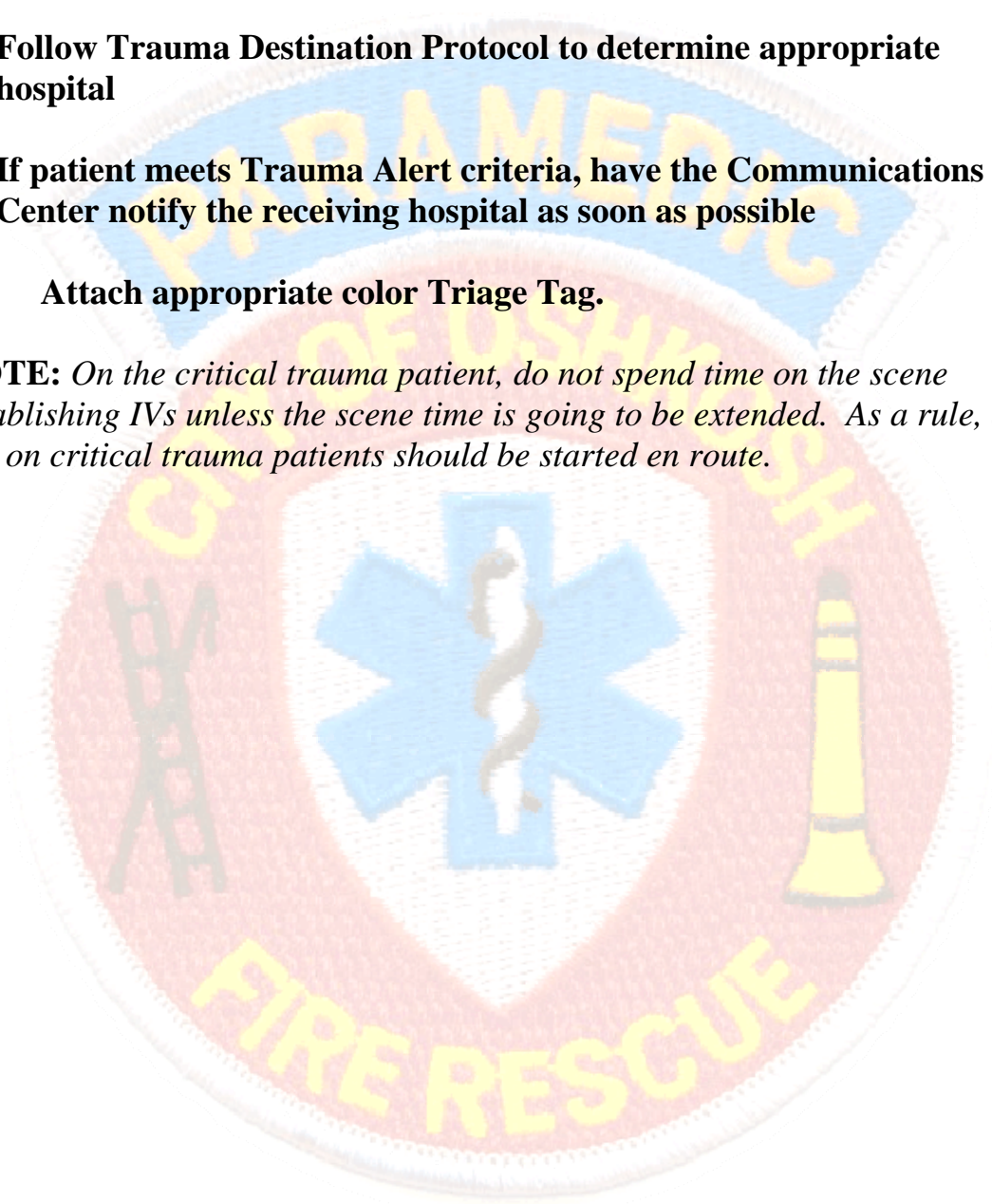
## ALL OTHER TRAUMA PATIENTS

- 1) **Routine Trauma Assessment.**
- 2) **Control life threatening injuries**
  - a. **Direct pressure shall be the first means of bleeding control.**
  - b. **A tourniquet is the second means of bleeding control on extremities, even on amputations.**
- 3) **Administer 100% oxygen by non-rebreather mask.**
- 4) **Assist ventilations if needed. Intubate if necessary.**
  - a) For Patients with a gag reflex requiring intubation use RSI.
  - b) If unable to maintain airway or oral intubation because of facial trauma, nasal intubation or cricothyrotomy/Pertrach® should be attempted.
  - c) For absent lung sounds from blunt trauma or penetrating trauma a needle thoracostomy should be attempted.
    - This should be performed by using a 14ga 2 inch needle with a 10-12cc syringe attached with 5cc of saline in the syringe.

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- 5) **Begin transport as soon as possible. If prolonged extrication is not required, strive to minimize scene time to less than 10 minutes.**
- 6) **Establish two large bore IVs or IO of normal saline TKO. Contact Medical Control for fluid administration orders.**
- 7) **Apply cardiac monitor.**
- 8) **Follow Trauma Destination Protocol to determine appropriate hospital**
- 9) **If patient meets Trauma Alert criteria, have the Communications Center notify the receiving hospital as soon as possible**
- 10) **Attach appropriate color Triage Tag.**

**NOTE:** *On the critical trauma patient, do not spend time on the scene establishing IVs unless the scene time is going to be extended. As a rule, all IVs on critical trauma patients should be started en route.*



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