For cardiac arrest with penetrating or blunt traumatic mechanism. NOT for trauma sustained after cardiac arrest, use primary impression Cardiac Arrest – Non-traumatic

**Signs and Symptoms**
- Unresponsive
- Apneic
- Pulseless

**History**
- Evidence of trauma or blood loss
- Events leading to arrest
- Estimated downtime

**Differential**
- Tension pneumothorax
- Cardiac tamponade
- Hypovolemic shock
- Spinal shock
- Traumatic brain injury

**Pearls**
- Patients who do not qualify for field determination of death but have or develop cardiopulmonary arrest should be transported to the closest trauma center.

**AT ANY TIME**
Return of spontaneous circulation
Multi-System Trauma

Tourniquet use should not be delayed until a patient is in shock or is clearly exsanguinating. It should be applied early and can be used safely without risk of patient injury. Do not wait; apply often and tighten if needed.

**Control hemorrhaging**

**Apply tourniquet for hemorrhage**

**Begin continuous chest compressions**

- Push hard (> 2 inches) and fast (110/min)
- Use metronome to ensure proper rate
- Change compressors every 2 minutes
  (Limit changes/pulse checks to < 5 seconds)

**High flow oxygen via BVM**

**Immediate transport to trauma center**

- If suspected thoracic trauma, bilateral pleural decompression
- If shockable rhythm, defibrillate

**P**

**Notify receiving facility. Consider Base Hospital for medical direction**

**Yes**
Do not begin resuscitation

**No**

**First medical contact to trauma center time < 20 min.?**

- Yes
- No

**Does the patient meet all of the following criteria?**

- Pulseless
- Apneic
- No other signs of life, including purposeful movement or pupillary response
- Asystole or PEA < 40bpm
- Physical signs of trauma or blood loss

**Yes**
Do not begin resuscitation

**No**

**Control hemorrhaging**

**Begin continuous chest compressions**

- Push hard (> 2 inches) and fast (110/min)
- Use metronome to ensure proper rate
- Change compressors every 2 minutes
  (Limit changes/pulse checks to < 5 seconds)

**High flow oxygen via BVM**

**If suspected thoracic trauma, bilateral pleural decompression**

- If shockable rhythm, defibrillate

**P**

**Asystole or PEA < 40bpm and EtCO₂ < 20 after 15 min.?**

- Yes
- No

**Terminate resuscitation**