


Traumatic Arrest

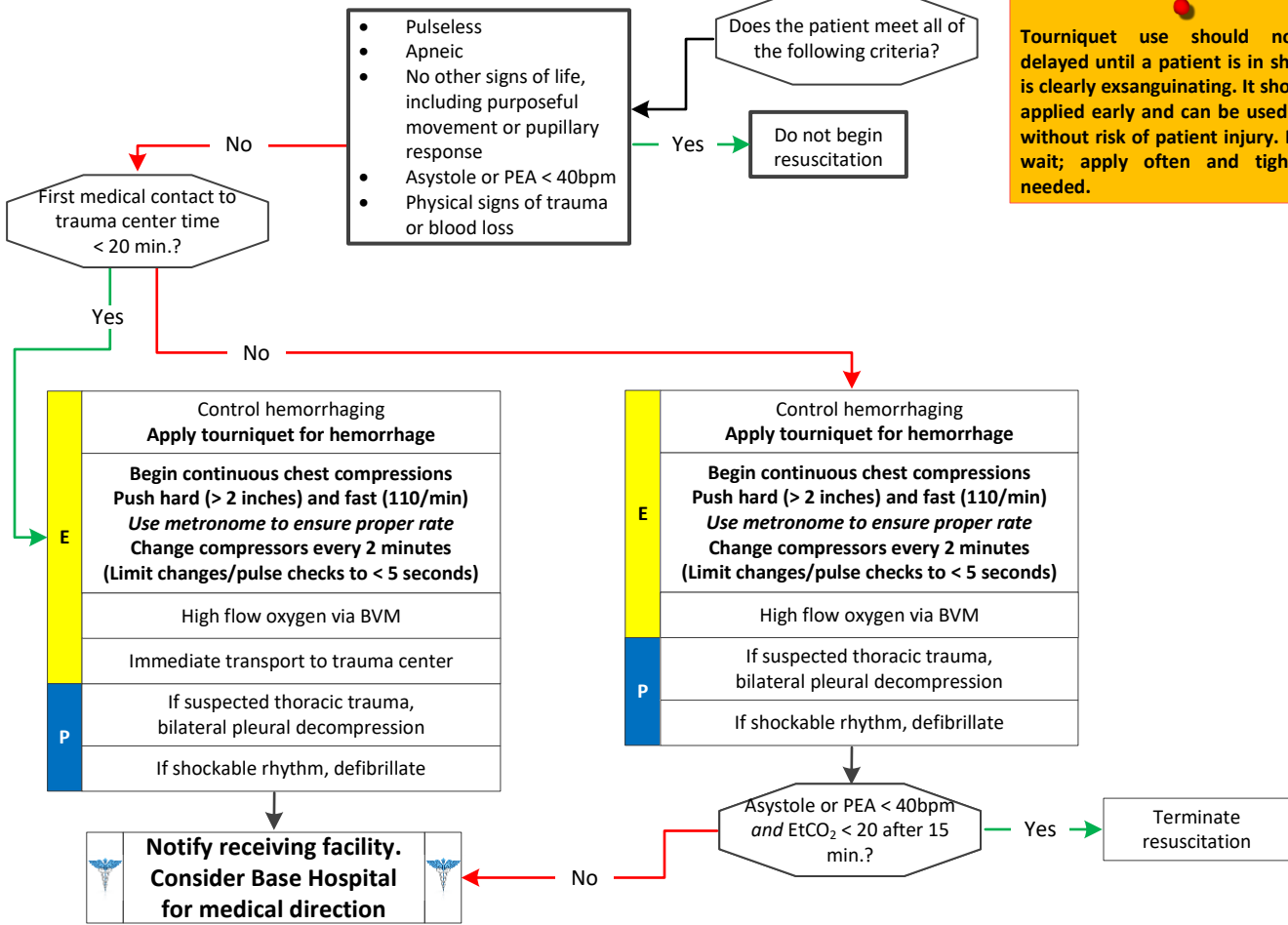
For cardiac arrest with penetrating or blunt traumatic mechanism. NOT for trauma sustained after cardiac arrest, use primary impression Cardiac Arrest – Non-traumatic

History <ul style="list-style-type: none"> Evidence of trauma or blood loss Events leading to arrest Estimated downtime 	Signs and Symptoms <ul style="list-style-type: none"> Unresponsive Apneic Pulseless 	Differential <ul style="list-style-type: none"> Tension pneumothorax Cardiac tamponade Hypovolemic shock Spinal shock Traumatic brain injury
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E	Has a paramedic, EMT, designated first responder, or public safety officer found injuries incompatible with life, including one or more of the following conditions: <ul style="list-style-type: none"> Decapitation Incineration Rigor Mortis Decomposition Apnea with destruction and/or separation of the body from the heart, brain, liver, or lungs Multi-casualty incidents (MCIs) where triage principles preclude the initiation or continuation of resuscitation 	Yes → Do not begin resuscitation No → Does the patient meet all of the following criteria?	AT ANY TIME Return of spontaneous circulation  Multi-System Trauma
	• 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 → [Flowchart continues]	

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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.



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.