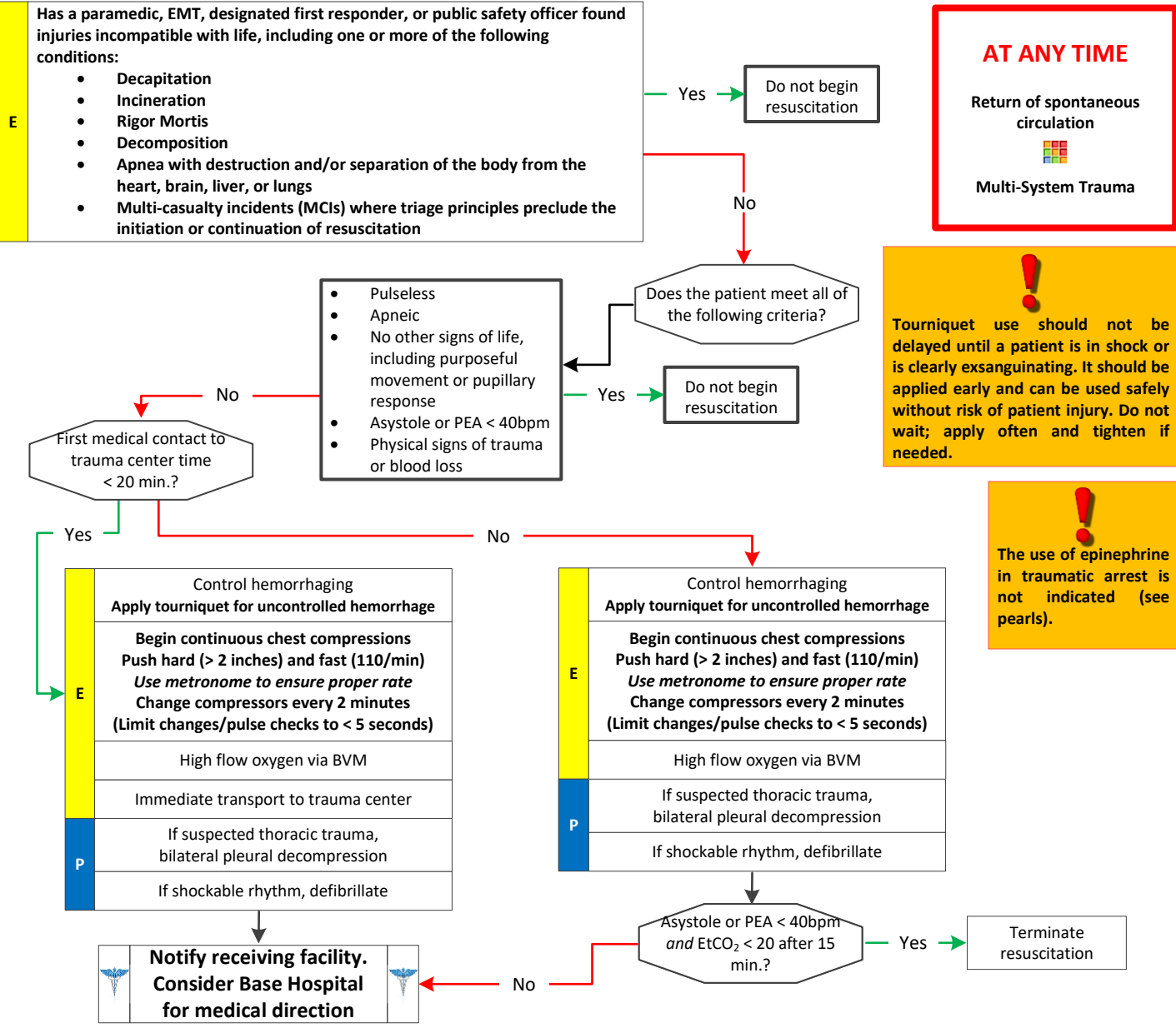


Traumatic Arrest

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

<p>History</p> <ul style="list-style-type: none"> Evidence of trauma or blood loss Events leading to arrest Estimated downtime 	<p>Signs and Symptoms</p> <ul style="list-style-type: none"> Unresponsive Apneic Pulseless 	<p>Differential</p> <ul style="list-style-type: none"> Tension pneumothorax Cardiac tamponade Hypovolemic shock Spinal shock Traumatic brain injury
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Adult and Pediatric Trauma Treatment Protocols

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

Pearls

- Prevention and reversal of hypothermia associated with shock from severe traumatic injury is critical. Apply blankets early and consider activation of heater in the patient compartment of the ambulance.
- Traumatic arrest due to hypovolemia does not occur immediately after traumatic events. Traumatic arrest patients will experience maximal catecholamine release and vasoconstriction for a short period after the onset of cardiac arrest. Thus, epinephrine administration may worsen tissue perfusion. The use of epinephrine in traumatic arrest has not been associated with 1-month survival.
- Patients who do not qualify for field determination of death but have or develop cardiopulmonary arrest should be transported to the closest trauma center.

