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

Signs and Symptoms

- Unresponsive
- Apneic
- Pulseless

Differential

- Tension pneumothorax
- Cardiac tamponade
- · Hypovolemic shock
- · Spinal shock

Do not begin

resuscitation

Yes

No

Does the patient meet all of

the following criteria?

Do not begin

· Traumatic brain injury

Has a paramedic, EMT, designated first responder, or public safety officer found injuries incompatible with life, including one or more of the following

- 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

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.



Pulseless Apneic

- No other signs of life, including purposeful movement or pupillary response
- Physical signs of trauma

resuscitation Asystole or PEA < 40bpm or blood loss

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

Notify receiving facility. **Consider Base Hospital**

for medical direction

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

Control hemorrhaging

Apply tourniquet for hemorrhage

Begin continuous chest compressions

Push hard (> 2 inches) and fast (110/min) Use metronome to ensure proper rate

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

Terminate resuscitation

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.



Treatment Protocol