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 PAGE: 1 of 1

TRAUMATIC CARDIAC ARREST

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMT-1s and Paramedics within their scope of practice.
- III. PROTOCOL:

| STANDING ORDERS | |
|-------------------------------------|--|
| ASSESS | CAB |
| CPR | Do not delay transport even if CPR has to be interrupted. Minimize interruptions in compressions as much as possible. |
| MONITOR | For V-Fib or Pulseless V-Tach: defibrillate once at 360J or equivalent biphasic energy setting. Complete this protocol before referring to cardiac protocols. |
| SECURE AIRWAY/ INTUBATE | Use the simplest effective method while maintaining c-spine. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable. Consider intubation/perilaryngeal airway while en route. Refer to General Procedures Protocol 554.00 |
| OXYGEN | Ventilate with bag-valve or approved ventilator and 100% oxygen. |
| CONTROL OBVIOUS BLEEDING | Apply and maintain direct pressure to wounds with evidence of active bleeding. Consider tourniquet for uncontrolled extremity hemorrhage |
| SPINE IMMOBILIZATION | If indicated, refer to General Procedures Protocol 554.00 |
| IV/IO ACCESS | Two 14-16 gauge, wide-open until systolic BP 90-100 or 2L infused, then TKO. If systolic BP remains less than 90, give 250 ml boluses until systolic BP 90-100. Reassess the patient after each bolus |
| CONSIDER | |
| NEEDLE THORACOSTOMY | For tension pneumothorax: On affected side in second intercostal space in midclavicular line. Perform on other side if no response to treatment and tension pneumothorax physiology persists. Secure catheter to chest. |
| BASE PHYSICIAN ORDERS | |
| DETERMINATION OF DEATH | Refer to Determination of Death Protocol 570.20 |