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 Executive Director

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 Medical Director

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PEDIATRIC - 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 EMTs 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 refer to Pediatric Protocol 555.11
SECURE AIRWAY	Using 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. Refer to General Procedures Protocol 554.00.
OXYGEN	Ventilate with bag-valve or approved ventilator and 100% oxygen.
SPINE IMMOBILIZATION	If indicated, refer to General Procedures Protocol 554.00
CONTROL OBVIOUS BLEEDING	Consider tourniquet for uncontrolled extremity hemorrhage.
IV/IO ACCESS	Start two large-bore cannulas with volume control chambers. Give 20 ml/kg fluid boluses. Repeat x 2. Reassess the patient after each bolus administration.
CONSIDER	
TENSION PNEUMOTHORAX	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 policy 570.20 for obvious death criteria.