Treatment Protocol: TRAUMATIC ARREST

Base Hospital Contact: Contact the Trauma Center for penetrating torso trauma not meeting criteria for determination of death per Ref 814. Otherwise notification of the receiving hospital is required

1. Prioritize rapid transport for patients who do not meet Ref 814

2. Immediately control major bleeding (MCG 1370)
   Apply tourniquet prn

3. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)
   Ventilate with high flow Oxygen 15L/min

4. Begin chest compressions

5. Perform bilateral needle thoracostomy for suspected tension pneumothorax (MCG 1335)

6. Initiate cardiac monitoring (MCG 1308)
   Assess cardiac rhythm

7. If shockable rhythm (V-Fib/V-Tach) identified:
   Defibrillate V-Fib/V-Tach, dose per MCG 1309

8. Provide spinal motion restriction (SMR) if indicated (MCG 1360)
   Do not delay transport for SMR

9. Establish vascular access en route (MCG 1375)
   Establish IO if unable to establish IV access

10. Normal Saline 20mL/kg IV/IO rapid infusion per MCG 1309 x2, maximum 2L
    Administer through two sites simultaneously if possible
SPECIAL CONSIDERATIONS

1 EMS Personnel are mandated reporters of child abuse and neglect, and a report should be made when suspected as per Ref. 822. Communicate suspicion for child abuse and/or neglect to accepting ED staff when home suggests children could be at risk for harm (e.g., unkept home, evidence of drug or alcohol abuse, unsafe living conditions, known or suspected domestic violence), when the history does not match with the severity of physical findings (e.g., child posturing after a roll off the couch), when patterned injury or burns or noted (e.g., circular burns as from a cigarette, whip marks on the skin, burns of both hands or feet), or when child reports physical or sexual abuse. Children < 3 years of age and those with developmental delay are at increased risk of abuse. This must also be accompanied by notification to the Department of Children and Family Services (DCFS).

2 For patients requiring transport to a Pediatric Trauma Center per Ref. 506, which is also a Base Hospital, contact receiving Pediatric Trauma Center for Base Medical Direction and notification. If the Base Hospital is contacted and the Base redirects transport to a Pediatric Trauma Center, Base personnel will notify the Pediatric Trauma Center.

3 Rapid transport after hemorrhage control is the priority for all patients with severe trauma. With the exception of hemorrhage control, needle thoracostomy, and initiation of CPR, all other procedures may be deferred for immediate ambulance loading of patient and performed en route.

4 Bag-mask ventilation is the preferred airway in all cardiac arrest patients. Advanced airway should be placed in patients authorized per MCG 1302 if there is an inability to maintain adequate ventilation despite basic airway maneuvers.

5 For patients in traumatic arrest, spinal motion restriction (SMR) using a backboard causes harmful delays in care. However, a backboard may be helpful to assist in patient movement and to support chest compressions.