

POLICY: 554.83
TITLE: Traumatic Arrest

EFFECTIVE: 07/01/2024
REVIEW: 07/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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TRAUMATIC 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 EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL

Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required

	F	E	O	P	D
ASSESSMENT	X	X	X	X	
HP-CPR: including AED. Use mechanical compression device if available or switch CPR providers every 2 minutes. Avoid interruption.	X	X	X	X	
HEMOSTATIC GAUZE: if hemorrhage is not controlled by basic intervention.		X	X	X	
TOURNIQUET: if hemorrhage is not controlled by basic intervention.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ECG MONITOR: <ul style="list-style-type: none"> Assess rhythm. <ul style="list-style-type: none"> If asystole, discontinue resuscitation efforts. Complete Traumatic Arrest Protocol and refer to appropriate cardiac guidelines. Lead placement may be delegated. 				X	
TRANSPORT: if within 5 minutes of nearest hospital.	X	X	X	X	
ADVANCED AIRWAY: <ul style="list-style-type: none"> Consider SGA. If ROSC achieved and no SGA in place, ETI. 			X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: ventilate with 100% oxygen.	X	X	X	X	
NEEDLE THORACOSTOMY: insert bilaterally between 2 nd & 3 rd intercostal space midclavicular line OR between 4 th & 5 th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Repeat if suspected catheter occlusion.				X	

	F	E	O	P	D
VASCULAR ACCESS: IV/IO. Establish at least 2 large bore IVs and administer 1 liter NS bolus. Additional boluses as indicated to SBP \geq 90. Reassess after each bolus.				X	
IF ROSC					
SPINAL MOTION RESTRICTION	X	X	X	X	
TRANSPORT	X	X	X	X	
*TRANEXAMIC ACID: 1 gm in 100 mL of NS infused over 10 minutes.				X	
DRESS & SPLINT: as indicated.	X	X	X	X	
IF NO ROSC					
**TERMINATION OF RESUSCITATION:					
<ul style="list-style-type: none"> • NOT hypothermic, • NOT victim of submersion, • NOT obviously pregnant, • Reversible causes treated, • NO ROSC after 5 two-minute cycles of HP-CPR performed 				X	

* TXA should be administered to trauma patients who meet the following criteria, unless otherwise indicated:

1. Systolic BP of less than 90 mmHg.
2. Uncontrolled bleeding.
3. Time of injury < 3 hours.

****Refer to Policy #570.20, DETERMINATION OF DEATH IN THE PREHOSPITAL SETTING**