Traumatic Cardiac Arrest (Adult and Pediatric)

CFR AND ALL PROVIDER LEVELS

1. Begin CPR as per AHA guidelines.
2. Apply an Automated External Defibrillator (AED), if available, with minimal disruption of CPR, until the AED is turned on.
3. Once a defibrillator is applied, immediately turn the machine “On”.
4. Analyze (do not perform CPR while the machine is analyzing).
5. Whenever the “NO SHOCK INDICATED” message appears, CPR should be performed for 2 minutes followed by the next analysis.
6. Until transport arrives, continue CPR, re-analyze every 2 minutes and shock as indicated.

CFR STOP

EMT

7. Simultaneously begin transportation of the patient and Basic Cardiac Life Support procedures, as circumstances permit.
8. Request ALS assistance.

EMT STOP

Paramedic

9. For suspected tension pneumothorax, follow Appendix O (Needle Decompression Of Tension Pneumothorax).
10. Perform Advanced Airway Management if other methods of airway control are not effective.
11. Begin cardiac monitoring, record and evaluate EKG rhythm while enroute to the hospital:
    a. If the EKG demonstrates Ventricular fibrillation or pulseless ventricular tachycardia, see the Ventricular Fibrillation / Pulseless Ventricular Tachycardia (Adult), or Non-Traumatic Cardiac Arrest and Severe Bradycardia (Pediatric) protocol.
12. Intravascular access. (Attempt intravascular access no more than twice.)
13. Crystalloid fluid:
    a. For Adult patients: up to 3 liters, via one or two large bore (14-16) gauge catheters using a macro drip.
    b. For Pediatric patients:
        i. 20 ml/kg via a large bore IV.
        ii. If the patient remains in traumatic cardiac arrest: Give additional 20 ml/kg (for a total of 40 ml/kg) rapid infusion of crystalloid fluid. Start a second large bore IV catheter (if necessary).
        NOTE: Attempt second IV no more than twice.

Paramedic STOP

Medical Control Options

1. Continue rapid IV infusion of crystalloid fluid up to an additional 20 ml/kg (total of 60 ml/kg).

Key Points / Considerations

1. **Traumatic cardiac arrest is a critical, life-threatening emergency and should be transported immediately.**
2. Refer all weight or size-based medications/fluids to a Length based dosing device for pediatric patients.