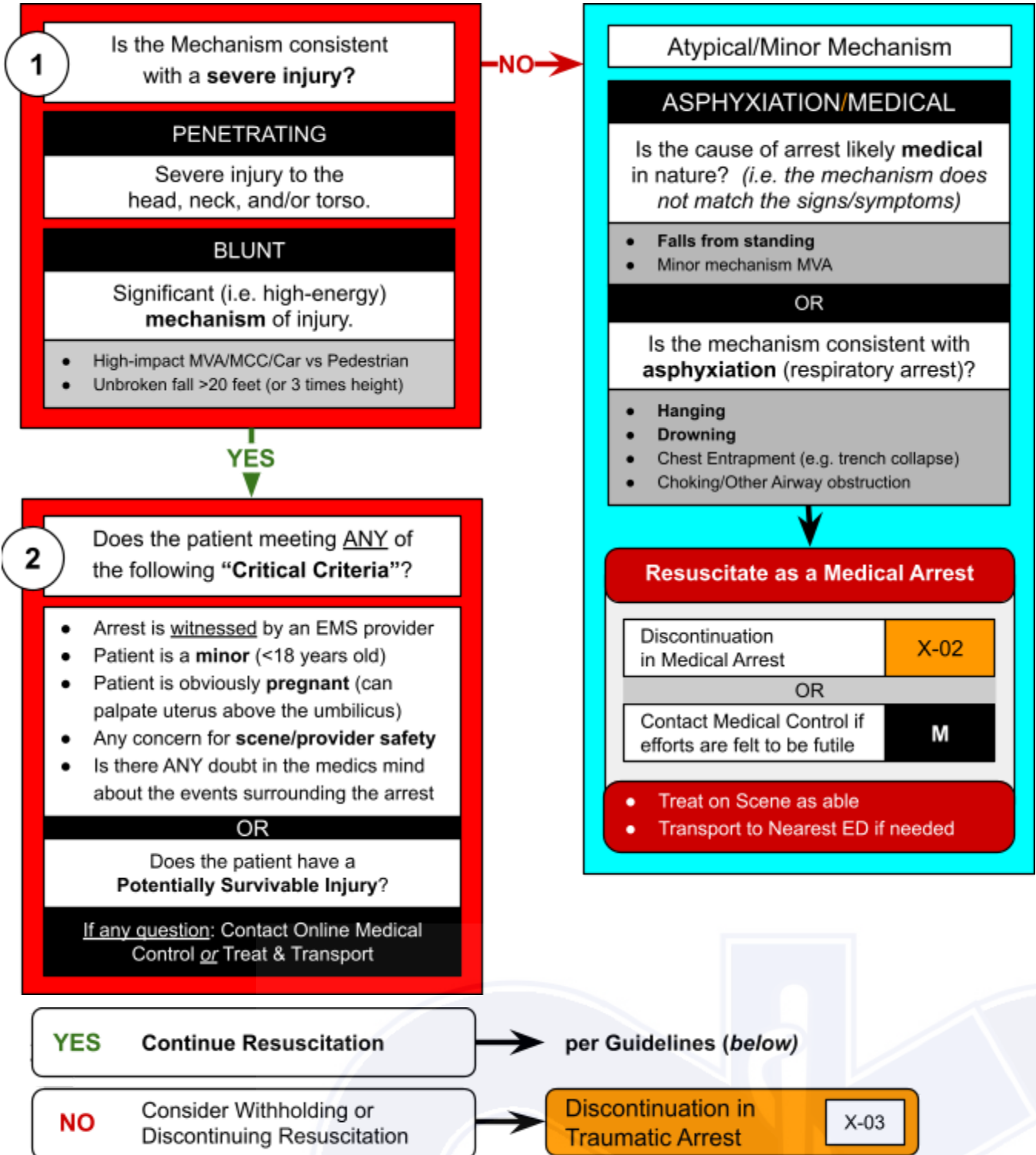
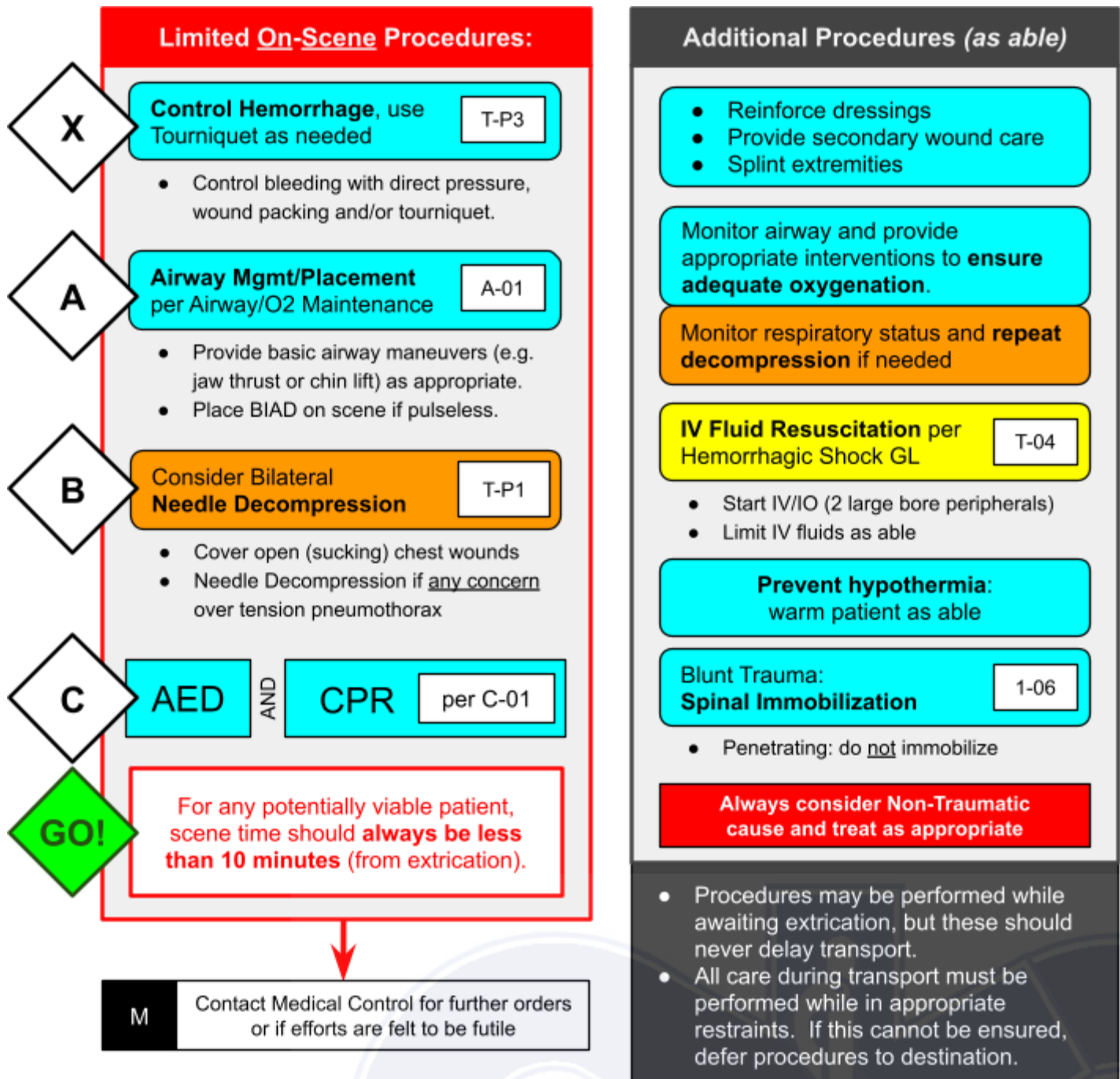



T-02
 TRAUMATIC CARDIAC
 ARREST

First Responder
 EMT
 AEMT
 Paramedic



Treatment Guidelines for Patients in Traumatic Cardiac Arrest:



T-02 TRAUMATIC CARDIAC ARREST		
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KEY POINTS:

- If there is a patient with obviously non-survivable injuries (GSW with brain matter exposed, massive trauma to the chest/abdomen/pelvis, etc.) that has any spontaneous movement (e.g. agonal respirations), either:
 - Begin resuscitative efforts, or
 - Contact Medical Control to clarify resuscitative goals
- Resuscitative efforts in these patients should generally be limited to critical interventions only (hemorrhage control, basic airway management and needle decompression).
- Transport of these patients should occur safely with limited additional interventions (e.g. may withhold IV access, fluid administration, etc.) while en route, unless they can be performed with the EMS providers properly restrained.
- **Chest compressions (CPR) are of unlikely benefit in patients with severe traumatic injuries and may be withheld during transport if there are any concerns of provider safety: needing to be unrestrained, unnecessary exposure to bodily fluids, etc.**

QI Review Parameters:

1.