TRAUMATIC ARREST (A81)

	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: • Assess rhythm. ○ 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: • Consider SGA. • If ROSC achieved and no SGA in place, ETI.				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 2nd & 3rd intercostal space midclavicular line OR between 4th & 5th intercostal space midaxillary line. Place catheter just above the rib to avoid the intercostal artery. Repeat if suspected catheter occlusion.				X	
VASCULAR ACCESS: IV/IO. Establish at least 2 large bore IVs and administer 1 liter NS bolus. Additional boluses as indicated to SBP ≥ 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:** • 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**