



**REGION 11
CHICAGO EMS SYSTEM
PROTOCOL**

Title: Traumatic Arrest – BLS/ALS
Section: Trauma
Approved: EMS Medical Directors Consortium
Effective: July 10, 2024

TRAUMATIC ARREST – BLS/ALS

I. PATIENT CARE GOALS

- A. Rapid evaluation treatment of traumatic arrest patients as per the General Trauma Management Protocol to improve outcomes.
- B. Assess for signs of life to determine if resuscitation is indicated.
- C. Transport of traumatic arrest patients that meet criteria for resuscitation to the closest appropriate Level 1 Trauma Center.
 - 1. Age 15 years or less: Pediatric Level 1 Trauma Center
 - 2. Age 16 years and older: Level 1 Trauma Center

II. PATIENT MANAGEMENT

A. Assessment

- 1. Perform a thorough patient assessment and evaluate for signs of life which include:
 - a. Respirations
 - b. Pulse
 - c. Spontaneous movement
- 2. Patients with traumatic injury and signs of life should have resuscitation initiated with transport to the closest appropriate Level 1 Trauma Center.
- 3. Resuscitation should be withheld in the following circumstances with no signs of life present (per Determination of Death/Withholding of Resuscitative Measures Policy).
 - a. Decapitation
 - b. Transection of the torso
 - c. Incineration (90% of body surface area with full thickness burns)
- 4. For adult patients with traumatic injury and no signs of life, assess the cardiac rhythm to determine if resuscitation should be initiated.
- 5. If the cardiac rhythm is Pulseless Electrical Activity (PEA), resuscitation should be initiated with transport to the closest appropriate Level 1 Trauma Center.
- 6. If cardiac rhythm is asystole in multiple leads and no signs of life are present, resuscitation may be withheld and Online Medical Control should be contacted.



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- a. The following conditions are excluded from this protocol and should be resuscitated:
- i. Drowning or strangulation
 - ii. Lightning strike or electrocution
 - iii. Patients with hypothermia
 - iv. Patients with visible pregnancy
 - v. Situations where the mechanism of injury does not correlate with the clinical condition suggesting a non-traumatic cardiac arrest

B. Treatment and Interventions

1. Resuscitation includes control of external hemorrhage, airway management, pelvic stabilization if indicated, chest compressions, and rapid transport.
2. Pleural (needle) decompression is indicated for traumatic arrest with thoracic trauma.
3. Epinephrine is not recommended for traumatic arrest.

C. Patient Safety Considerations

1. When the traumatic mechanism does not correlate with the clinical condition, suggesting a non-traumatic cause of cardiac arrest, the Cardiac Arrest Management Protocol and Incident Command for Cardiac Arrest (ICCA) should be followed.

III. NOTES/EDUCATIONAL PEARLS

- A. Resuscitative efforts for traumatic arrests should occur in route to a trauma center and should not prolong scene time.
- B. When resuscitation is indicated, traumatic arrest patients should be transported to the closest appropriate Level 1 Trauma Center.
- C. Situations where resuscitation is withheld should be managed with law enforcement.
- D. Patient care is the responsibility of EMS. For scenes managed with law enforcement, a full patient assessment is still required to determine need for resuscitative efforts.