



REGION 11 CHICAGO EMS SYSTEM PROTOCOL	Title: Traumatic Arrest
	Section: Trauma
	Approved: EMS Medical Directors Consortium
	Effective: July 1, 2021

TRAUMATIC ARREST

I. PATIENT CARE GOALS

- A. Rapid evaluation and treatment of traumatic arrest patients as per the General Trauma Management protocol to improve outcomes.
- B. Assessment 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 cardiac rhythm to determine if resuscitation should be initiated.
- 5. If 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 and should be resuscitated:
 - i. Drowning or strangulation
 - ii. Lightning strike or electrocution
 - iii. Situations involving hypothermia
 - iv. Patients with visible pregnancy
 - v. 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, Incident Command for Cardiac Arrest (ICCA) should be followed.

III. NOTES/EDUCATIONAL PEARLS

- A. Resuscitative efforts 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.