**F7. Traumatic - Cardiac Arrest**

- **Goals:**
  - Rapid transport to trauma center
  - Airway management
  - Preserve neurological function
  - Treatment of life threats

- **Signs/Symptoms:**
  - Pulseless after traumatic event

- **Documentation Key Points:**
  - Mechanism of injury
  - Injuries incompatible with life
  - Extrication time (if applicable)

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**Follow Initial Protocol for All Patients**

- Injuries incompatible with life?
  - Yes
    - Do not attempt resuscitation
  - No
    - Rapid Extrication
      - Every effort should be made to provide appropriate spinal motion restriction

- **F4. General Trauma**

- **G11. CPR**
  - Use of G5. Automated CPR Device

- **E1. Airway Management/Crash Airway**
  - Maintain cervical spine precautions

- **Bilateral G38. Needle Decompression/Thoracotomy**
  - Known or suspected chest trauma

- **Consider 2 IV/IO access**

- **H46. Normal Saline**
  - Adult
    - 1 Liter
  - Pediatric
    - 20 ml/kg

- **G48. Tourniquet** if needed

- **Control hemorrhage**

- **Unstable Pelvis**
  - Pelvic/Sheet Binder

- **If at any point ROSC is obtained**

- **B7. Post Resuscitation**

- **F4. General Trauma Care**

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**Examples of injuries incompatible with life (not exclusive):**
- Decapitation
- Massively deforming head/chest injuries
- Rigor mortis
- Extended down time

**Work through as needed, no specific order.**
Airway, Breathing, and Circulation should be priority.

**Common reversible causes of traumatic cardiac arrest (Not exclusive):**
- Exsanguination/Anemia
- Tension
- Pneumo/Hemothorax
- Airway obstruction
- Inadequate ventilation/oxygenation

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**Special Considerations**
- As with all major trauma patients, do not delay on scene time to complete interventions.
- Consider using B6. Medical - Cardiac Arrest in conjunction if it is uncertainty exists whether it is medical or trauma.

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**Protocol:** F7. Traumatic Cardiac Arrest
**Date of Most Recent Update:** 6/2020
**Original Adoption Date:** 6/20
**Past Protocol Updates:**
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**B6. Medical - Cardiac Arrest**

**D5. Pediatric - Cardiac Arrest**