

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11  
Supersedes: 02/01/05

Protocol: P-031

## TRAUMATIC CARDIAC ARREST

### SUBJECTIVE FINDINGS

- Witnessed trauma and down time.
- Any bystander CPR and treatments given prior to arrival.
- Mechanism of injury - blunt versus penetrating trauma.

### OBJECTIVE FINDINGS:

- Physical signs of trauma and/or blood loss .
- GCS = 3.
- No respiratory effort.
- No pulse.

BLS Treatment	
<ul style="list-style-type: none"><li>• ABC's - initiate or continue CPR (see cardiac arrest CPR overview).</li><li>• Attach AED.</li><li>• Control external bleeding with direct pressure</li><li>• Routine Medical Care.</li></ul>	
ALS Treatment	
<p><b><u>ASYSTOLE:</u></b></p> <p>If asystolic with no signs of life (including absence of vital signs, absent respirations, and asystole in two leads) consider pronouncement in the field (see EMS Agency Policy, Guidelines for Determining Death in the Field).</p> <ul style="list-style-type: none"><li>• Notify medical examiner.</li><li>• Provide grief support and referrals for on-site survivors.</li></ul>	<p><b><u>V-Fib or PEA: Resuscitate</u></b></p> <ul style="list-style-type: none"><li>• Advanced Airway Management if indicated; supraglottic airway insertion preferred method for cardiac arrest patients.</li><li>• Check for pulses and confirm rhythm.</li></ul> <p><b><u>V-Fib:</u></b> follow V-FIB/V-TACH Protocol (P-009.3) transport (3 shocks maximum on scene prior to extrication/transport).</p> <ul style="list-style-type: none"><li>• IV of NS (performed enroute).</li><li>• Fluid challenge 500 ml, reassess and repeat prn (performed enroute).</li></ul> <p><b><u>PEA</u></b>, resuscitate for possible causes (hypoxia, hypovolemia, tension pneumothorax) - perform resuscitative efforts during transport.</p> <ul style="list-style-type: none"><li>• Needle thoracotomy for suspected tension pneumothorax .</li></ul>

### DOCUMENTATION

Mechanism of injury.

Vital signs on arrival.

Resuscitation started if vital signs were initially present on arrival at scene.

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IV of NS fluid challenge given.

## **PRECAUTIONS AND COMMENTS**

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- Consider cardiac etiology in older patients with low probability of mechanism of injury.
- If patient not responsive to trauma oriented resuscitation, consider medical etiology and treat accordingly.
- Unsafe scene may warrant transport despite low potential for survival.
- Consider minimal disturbance of potential crime scene.