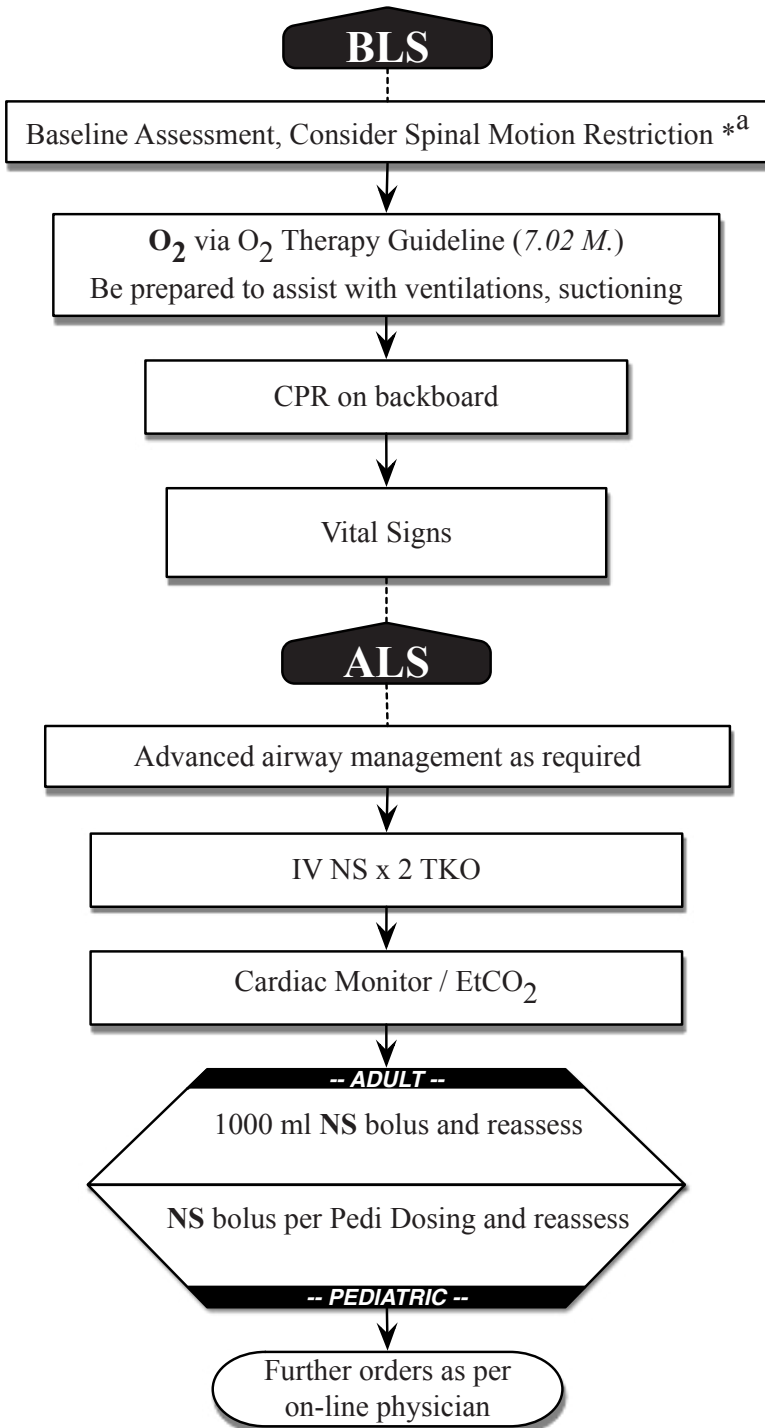


## 8.04 M. Traumatic Arrest



*Withhold traumatic arrest resuscitation on those who meet traumatic dead on scene criteria (Ref. 8.04 I.e.).*

*\* In settings of minor or low-speed trauma, be aware of a medical arrest precipitating the trauma. If this is likely the case, resuscitate the patient as a 'medical' arrest (Ref. 8.02).*

*\* In cases of trauma where the vascular system is expected to be intact, resuscitate the patient according to 'medical' arrest guidelines (Ref 8.02)*

*This would include cases of :*

- Drowning
- Hanging
- Overdose
- Inhalational Injury (Smoke)
- Electrocution

*Traumatic Arrests that are being resuscitated should be transported immediately to the nearest Level I/II or III Trauma Center. ALS can be met en route but do not let this delay transport more than minimally.*

*If at any time a tension pneumothorax is suspected, quickly perform a unilateral needle thoracostomy on the affected side.*

*-Ref. 7.02 J. Needle Thoracostomy*

- *If at any time the patient is in Ventricular Fibrillation, deliver one 360 Joule shock. If the patient does not convert, continue CPR and transporting, attempting defibrillation every 3 minutes at 360 J.*

*\*<sup>a</sup> Reference 8.04 J. "Spinal Motion Restriction" Guideline*