



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
TRAUMATIC CARDIOPULMONARY ARREST (ADULT/ADOLESCENT)

#: BH-T-10
Page: 1 of 1
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BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If no signs of life, consider OCEMS Policy # 330.50, "Withholding Prehospital CPR for the Obviously Dead" (particularly for blunt trauma cardiopulmonary arrest victims):
 - Assess respiratory status
 - Assess cardiac status
 - Assess pupil light reflexes and response to voice and touch stimulation
 - If there is uncertainty regarding the above findings supporting the withholding of CPR for a victim who appears obviously dead, obtain cardiac rhythm strips in two leads to confirm asystole to support the assessment of the victim being obviously dead.
3. Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway - Triage to closest open Trauma Center
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) - Triage to closest open Trauma Center
4. Transport of trauma victims should be rapid with treatment en route when possible.

ALS STANDING ORDER

1. Suction and maintain open airway, assist ventilations with BVM and high flow oxygen.
2. Initiate or maintain spinal motion restriction as appropriate.
3. Monitor cardiac rhythm and manage treatable dysrhythmias using cardiac standing orders.
4. If chest injury and pulseless with suspected tension pneumothorax:
 - ▶ *Place Needle Thoracostomy to side of chest with absent breath sounds.*
 - ▶ *Place bilateral Needle Thoracostomy when bilateral chest trauma observed.*
5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - ▶ *250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
6. Intubate as necessary to maintain airway and ventilation.
7. If further orders required for stabilization, contact Base Hospital
8. ALS transport to TC as directed by Base Hospital.

Approved:

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