

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 550 Page 1 of 4
Subject Initiation/Termination of CPR in the Trauma Patient	
References	Effective 08/04/84

I. POLICY

EMS personnel shall utilize approved criteria for determining when to initiate and continue treatment for the trauma arrest patient.

II. DEFINITIONS

- A. Traumatic Cardiac Arrest - No pulse, no spontaneous respirations, no response to aggressive stimulation and pupils are fixed.
- B. When not to resuscitate - Patient is unresponsive with no respirations, no pulse, fixed pupils and has injuries incompatible with life (i.e. decapitation, incineration, decomposition).
- C. Electrocution patients are managed as medical arrests and should not be considered under this protocol.

III. PROCEDURE

A. BLS Personnel (public safety first-aid, EMT)

- 1. Briefly assess the patient and determine if the injury is compatible with life. If injury is incompatible with life, do not initiate CPR and cancel incoming ALS response.
- 2. Initiate CPR and assess the patient's mechanism of injury (Blunt vs. Penetrating).

a. Blunt trauma arrest

Determine if the Paramedic (ALS) rendezvous or transport to a receiving hospital is greater than five (5) minutes away. If a receiving hospital or ALS rendezvous is greater than five (5) minutes away, terminate CPR and cancel incoming ALS response. Patient's condition must be verified by two (2) providers.

CPR and other BLS care should be continued if an ALS unit or transport to a receiving hospital is less than five (5) minutes away.

Approved By EMS Division Manager Daniel J. Lynch (Signature on File at EMS Agency)	Revision 01/01/2015
EMS Medical Director Jim Andrews, M.D. (Signature on File at EMS Agency)	

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b. Penetrating trauma arrest

Determine the Paramedic (ALS) rendezvous or transport to a receiving hospital is greater than ten (10) minutes away. If a receiving hospital or ALS rendezvous is greater than ten (10) minutes away, terminate CPR and cancel incoming ALS response. Patient's condition must be verified by two (2) field personnel.

CPR and other BLS care should be continued if an ALS unit or transport to a receiving hospital is less than ten (10) minutes away.

B. ALS Responders (refer to flow chart fig. a)

1. Briefly assess the patient and determine if the injury is compatible with life. If injury is incompatible with life, do not initiate CPR and cancel incoming units.
2. Initiate CPR and assess the patient's mechanism of injury (Blunt vs. Penetrating) and cardiac electrical activity.

a. Asystole

Continue CPR for one (1) minute. If still asystole after one (1) minute, CPR can be terminated. EKG rhythm must be verified in two (2) leads and patient's physical findings must be verified by two (2) providers.

b. Pulseless Electrical Activity less than 20 beats/minute. EKG rhythm must be verified in two (2) leads and patient's physical findings must be verified by two (2) providers.

Blunt Trauma-If transport time to a receiving hospital is greater than five (5) minutes, terminate CPR. If transport to a receiving hospital is less than five (5) minutes, initiate transport.

Penetrating Trauma-If transport time to a receiving hospital is greater than ten (10) minutes, terminate CPR. If transport to a receiving hospital is less than ten (10) minutes, initiate transport.

c. Pulseless Electrical Activity greater than 20 beats/minute and other heart rhythms (VF/VT). Transport to appropriate facility per EMS Policy #547. Reevaluate. If PEA is less than 20 beats/minute, refer to Section b.

NOTE: If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center or Kaweah Delta Medical Center, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center or Kaweah Delta Medical Center is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time.

C. Special Considerations

1. If BLS and/or ALS responders are in doubt, CPR should be initiated.
2. ALS and BLS personnel must complete two primary assessments, which show no signs of life one (1) minute apart before terminating CPR. Assessments must be confirmed by two providers.
3. Once CPR has been terminated on scene, EMS personnel should consult law enforcement about the handling of the patient and the coroner's response.

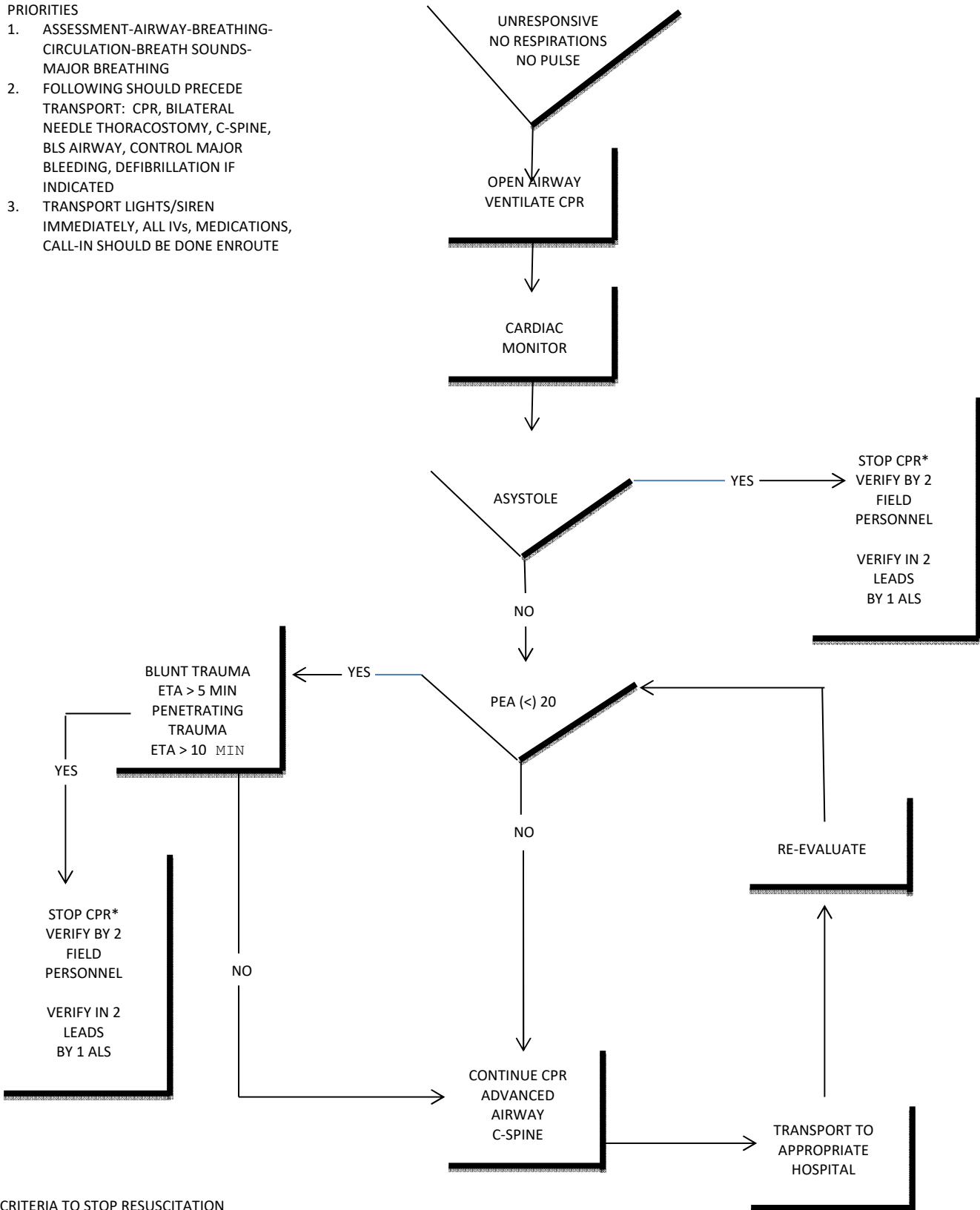
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4. CPR, once initiated on a patient 14 years or less, cannot be terminated without Base Hospital contact.
5. If CPR is terminated after transport is initiated, continue transport to the closest appropriate hospital. Do not transport to the Coroner's Office.
6. Hanging Considerations: Although hanging is part of trauma in most paramedic texts, the majority of EMS calls dealing with "hanging" are predominantly asphyxiation/strangulation cases. This means patients with a mechanism of injury of a hanging need spinal immobilization and trauma consideration, and should be treated as a medical cardiac arrest if found pulseless and non-breathing.

TRAUMATIC ARREST

PRIORITIES

1. ASSESSMENT-AIRWAY-BREATHING-CIRCULATION-BREATH SOUNDS-MAJOR BREATHING
2. FOLLOWING SHOULD PRECEDE TRANSPORT: CPR, BILATERAL NEEDLE THORACOSTOMY, C-SPINE, BLS AIRWAY, CONTROL MAJOR BLEEDING, DEFIBRILLATION IF INDICATED
3. TRANSPORT LIGHTS/SIREN IMMEDIATELY, ALL IVs, MEDICATIONS, CALL-IN SHOULD BE DONE ENROUTE



*CRITERIA TO STOP RESUSCITATION
 NO PULSE, NO RESPIRATIONS
 PUPILS FIXED/DILATED
 NO RESPONSE TO AGGRESSIVE STIMULATION
 CPR AND OBSERVATION OF ABOVE FOR 1 MINUTE