Sierra – Sacramento Valley EMS Agency Treatment Protocol	T-6 (LALS)
Traumatic Pulseless Arrest	
Approval: Troy M. Falck, MD – Medical Director	Effective: 04/01/2026
Approval: John Poland – Executive Director	Next Review: 01/2029

- The primary goals of care are to treat immediate life-threats and initiate rapid transport without delay.
- Assess etiology – if there is suspicion that a medical event caused the traumatic arrest, treat per the applicable Non-Traumatic Pulseless Arrest Protocol (C-1 LALS or C-1P LALS).
- Epinephrine may be harmful in traumatic pulseless arrest and should not be used.
- Utilize mechanical chest compression devices in accordance with manufacturer indications/contraindications. If a mechanical chest compression device is used, transport shall not be significantly delayed for application of the device.
- Biphasic manual defibrillation detail **(AEMT II)**: follow manufacturer's recommendations, if unknown, start at 200 J (subsequent doses should be equivalent or higher).
- CPR need not be initiated, and may be discontinued, for patients who meet S-SV EMS Obvious Death or Probable Death Criteria (Refer to Protocol G-2 LALS).

BLS

- High-Quality CPR (with BVM &100% O_2) – apply AED as soon as possible
- Deliver **AED SHOCK**, if indicated, & immediately resume high-quality CPR
- Hemorrhage control as appropriate
- Consider Spinal Motion Restriction (SMR) with a backboard for the following:
  - CPR
  - Blunt mechanism indicating a high risk for spinal injury

LALS

- Attach Cardiac monitor rapidly **(AEMT II)**, but do not delay:
  - Hemorrhage control
  - Airway/oxygenation/ventilation
  - Rapid transport
- Continue CPR followed by **DEFIBRILLATION (AEMT II)** every 2 mins for continued/relapsed shockable rhythm (VF/VT)
- IV/IO NS (IO authorized for pediatric pts only):
  - **Adult pts:** Administer 1 L fluid bolus
  - **Pediatric pts:** Administer 20 mL/kg fluid bolus

Return of Spontaneous Circulation (ROSC)

- Manage airway as needed, optimize ventilation & oxygenation
  - O_2 at appropriate rate to maintain SpO_2 ≥94% (do not hyperventilate)
- Assess V/S, including SpO_2 – reassess V/S every 3-5 mins if possible
- Continuous $ETCO_2$ monitoring **(AEMT II)** – goal 35-45 mmHg
- Titrate fluid boluses:
  - **Adult pts:** Titrate to SBP of ≥90 for pts <65 years of age, or ≥100 for pts ≥65 years of age
  - **Pediatric pts:** Titrate to age appropriate SBP (max: 60 mL/kg)
- Monitor for reoccurrence of pulseless arrest