

**Traumatic Pulseless Arrest**

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- 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 or C-1P).
- 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: 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).

BLS

- High-Quality CPR (with BVM & 100% O₂) – 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

ALS

- Attach Cardiac monitor rapidly, but do not delay:
 - Hemorrhage control
 - Needle thoracostomy (if chest or multi-system trauma is suspected)
 - Airway/oxygenation/ventilation
 - Rapid transport
- Continue CPR followed by **DEFIBRILLATION** every 2 mins for continued/relapsed shockable rhythm (VF/VT)
- IV/IO NS:
 - **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
 - O₂ at appropriate rate to maintain SpO₂ ≥94% (do not hyperventilate)
- Assess V/S, including SpO₂ – reassess V/S every 3-5 mins if possible
- Continuous ETCO₂ monitoring – 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