



TRAUMATIC CARDIOPULMONARY ARREST – PEDIATRIC

ALS STANDING ORDERS:

1. Initiate or maintain spinal motion restriction as appropriate.
2. Make early base contact for destination determination when transport indicated.
3. Maintain open airway, assess for upper airway obstruction:
 - ▶ *Assist ventilation/oxygenation with BVM and high flow supplemental oxygen.*
4. Monitor cardiac rhythm:
 - ▶ *For bradycardia, ensure airway is open and provide high flow oxygen by mask, nasal cannula or blow-by at 6 l/min flow rate as tolerated.*
5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - ▶ *Infuse 20 mL / kg Normal Saline fluid bolus, may repeat bolus twice to maintain adequate perfusion.*
6. If chest injury and suspected tension pneumothorax:
 - ▶ *Place Needle Thoracostomy to side of chest with absent breath sounds.*
 - ▶ *Place bilateral Needle Thoracostomy when bilateral chest trauma observed.*
7. Transport to TC as directed by Base Hospital.

Approved:

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Review Dates: 05/16, 11/16
Final Date for Implementation: 04/01/2017
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TREATMENT GUIDELINES:

- 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.

- Trauma arrest patients for whom resuscitation and transport is pursued should be triaged as follows:
 - Unmanageable airway - Base Hospital triage to closest appropriate TC.
 - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant pediatric patient) - Base Hospital triage to closest appropriate TC.

- Transport of trauma victims should be rapid with treatment enroute when possible.

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