

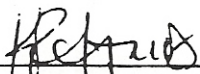
Subject: Treatment Guidelines – BLS Personnel
Traumatic Cardiopulmonary Arrest

Associated Policies:

- I. Priorities
 - A. ABC's/CPR.
 - B. Protect C-spine. Provide Spinal Motion Restriction.
 - C. Control bleeding with the most rapid means. Consider tourniquet use for hemorrhaging from extremities.
 - D. Rapid transport with as minimal scene time as possible.
 - E. Further assessment en route to hospital.
 - F. Communicate with transporting ambulance or base hospital.
 - G. Transport Code 3.
- II. Traumatic Cardiopulmonary Arrest
 - A. Basic Therapy:
 - 1. All traumatically injured patients in cardiopulmonary arrest require rapid transport, second only to:
 - a. Airway management.
 - b. CPR.
 - c. Defibrillation.
 - d. Rapid Spinal Motion Restriction.
 - e. Control of significant hemorrhage.
 - 2. Delay detailed assessments and all other treatment until en route, unless transportation is not available.
 - B. At Scene:
 - 1. CPR according to current guideline - observing rapid Spinal Motion Restriction.
 - 2. If certified to do so, perform rhythm assessment and automatic defibrillation, if indicated.
 - 3. Secure airway with OPA, ventilate with bag valve mask and high concentrated oxygen. Use the simplest effective method of airway management with in-line cervical immobilization. Provide rapid Spinal Motion Restriction; secure the patient to a backboard or similar device.
 - 4. Assess carotid pulse during CPR (or age appropriate site for infants).
 - 5. Control obvious external hemorrhage.
 - 6. Communicate with transporting ambulance or Base Hospital.

Subject: Treatment Guidelines – BLS Personnel
Traumatic Cardiopulmonary Arrest

7. If patient regains spontaneous circulation/breathing:
 - a. Ventilate Bag Valve Mask and oxygen per Oxygen Policy at age appropriate rate.
 - 1) Adults and children: 12-20 per minute.
 - 2) Infants: 20 times a minute.
 - b. Monitor vital signs frequently.
 - c. Treat for shock.
8. Consider need for possible aircraft transport.
9. Transport Code 3.
- C. En Route (Time Permitting):
 1. Continue with CPR.
 2. Continue secondary survey while maintaining spinal motion restriction.
 3. Treat for shock per protocol.
 4. Place splints, dressings, and bandages, if time permits.
 5. Communicate with base hospital, with updated information, as needed.
 6. If BLS transport, rendezvous with responding ALS personnel as soon as possible.

Approved: 

Approved as to Form: 