## **TRAUMATIC CARDIAC ARREST**

- 1. CPR Prepare for RAPID TRANSPORT!
- 2. **OBSERVE C-SPINE PRECAUTIONS** (SPINAL MOTION RESTRICTION)
- 3. ECG MONITOR
- 4. **INTUBATE** Use controlled C-spine technique
  - Verify tube placement, secure tube, EtC02 monitoring
  - Patient should be ventilated at a rate of 8-10 bpm with visible chest rise.
- 5. RAPID TRANSPORT
- 6. IV ACCESS Lactated Ringer's ENROUTE
  - Consider second IV Lactated Ringer's ENROUTE
  - Consider FAST 1 or EZ IO
- 7. See appropriate Standing Order for specific cardiac dysrhythmia
- 8. CONTACT RECEIVING HOSPITAL PHYSICIAN FOR FURTHER ORDERS

**NOTE:** PEA (EMD) in a trauma patient is most likely due to **hypovolemia** from blood loss. Definitive therapy is required to stop the source of hemorrhage. They need blood transfusions ASAP. Therefore, **rapid extrication** and **transport** are essential. Remember the Lactated Ringer's solution expands the circulating blood volume but **DOES NOT CARRY OXYGEN. REDUCE THE ON-SCENE TIME!**