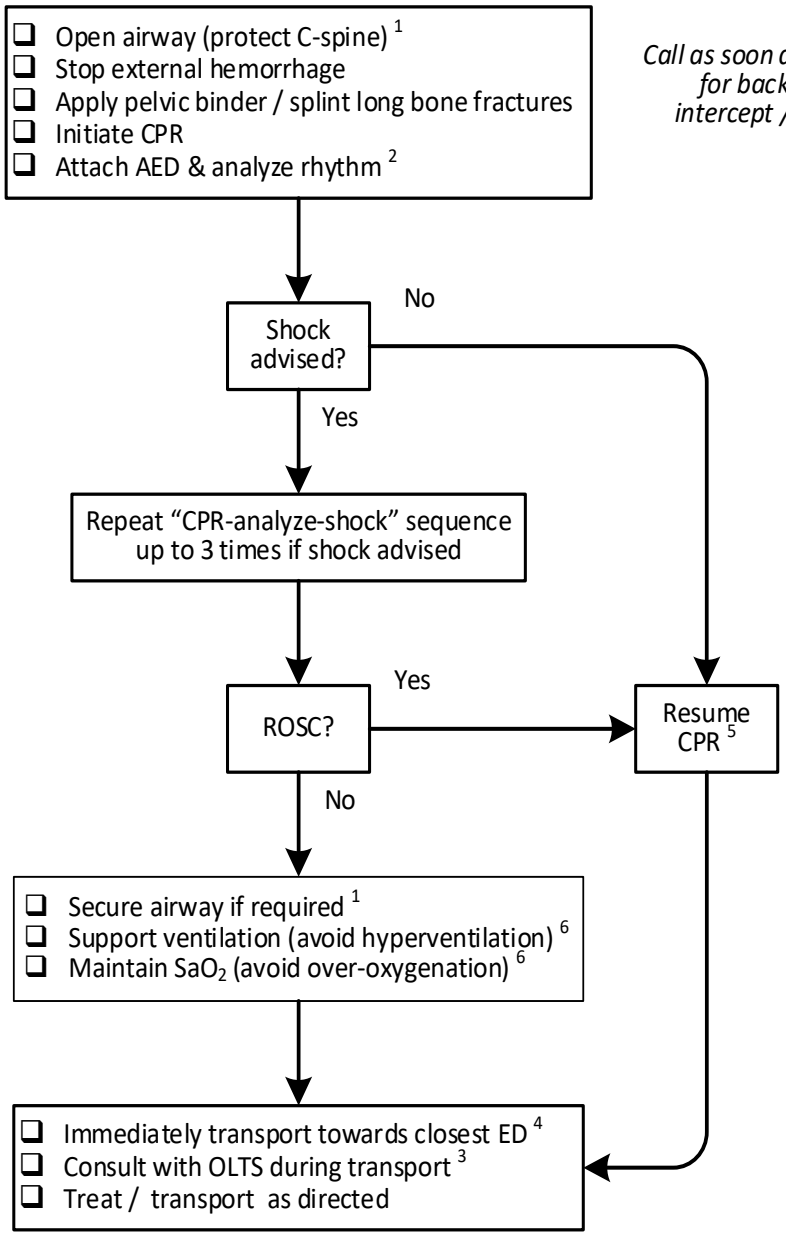
| Shared health Soins communs Manitoba | F02.1 - BASIC TRAUMA ARREST (EMR) | |
|---|---|---|
| | All ages | TRAUMA |
| Version date: 2024-05-04 | | Effective Date: 2024-05-15 (0700) |




| ERS WORK SCOPE | **EMR:** EMR - ACP | **PCP:** PCP - ACP | **ICP:** ICP - ACP | **ACP:** ACP only | None - all providers |
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| INDICATIONS |
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| • Cardiac arrest due to major traumatic injury (for nontraumatic cardiac arrest refer to C01) |

| CONTRAINDICATIONS |
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| • Health care directive prohibiting resuscitation from cardiac arrest<br>• Injuries incompatible with survival [7] |

**NOTES**

1. Chest compressions and defibrillation during resuscitation are not aerosol generating medical procedures. However, airway manipulation is. Appropriate personnel protective equipment (PPE) is required (A09).
2. For patients less than 8 years of age or 25 kilograms weight use pediatric pads. If pediatric pads are not available, use adult pads but ensure separation by at least 2.5 cm (consider antero-posterior placement).

   When using an AED in a patient with an implanted cardioverter-defibrillator (ICD) or pacemaker, place the electrodes at least 8 centimeters (3 inches) away from the pulse generator.
3. Contact on-line trauma support (OLTS) as early as possible without delaying resuscitative measures. Consult OLTS before discontinuing resuscitation.

   With the exception of a shockable rhythm from blunt chest trauma, survival from traumatic cardiac arrest is unlikely without *immediate* access to advanced care. However, emergency transport without hope of survival exposes paramedics and the public to unnecessary risk.

   The decision to transport is complex and depends on the nature and severity of the injuries, downtime prior to EMS arrival, the ability to provide and maintain high quality cardiopulmonary resuscitation (CPR), and the transport time to the next level of care.
4. Transport time to the closest emergency department (ED) must be based on safe transport speed and should consider time for egress and loading.
5. Always maintain personal safety when performing CPR during transport. Continue until fatigue ensues or if safety concerns arise. Do not interrupt to reassess unless signs of return of spontaneous circulation (ROSC) occur (eg. spontaneous movement).
6. Hyperventilation may reduce blood flow to the brain. Provide supplemental oxygen to achieve an oxyhemoglobin saturation ($SaO_2$) of 92% to 98% in adults and 94% to 99% in children under age 10 years.
7. Injuries incompatible with life include decapitation, incineration, transection of the thorax or abdomen, substantial destruction of vital organs (heart, lungs, brain), or separation of vital organs from the body.

| LINKS / REFERENCES |
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| • A09 - AEROSOL GENERATING MEDICAL PROCEDURES<br>• C01 - BASIC CARDIAC ARREST |

| APPROVED BY | |
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|  |  |
| EMS Medical Director | EMS Associate Medical Director |

| VERSION CHANGES (refer to X06 for change tracking) |
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| • Removal of COVID restrictions and reference to general AGMP protocol for all transmissible respiratory infections |