REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Traumatic Arrest

Overview: When Trauma Arrest occurs, rapid transport, assessment and history to identify treatable causes cannot be over emphasized.

INFORMATION NEEDED

__ Witnessed trauma event and estimated down time
__ Any bystander CPR and / or treatment prior to arrival
__ Mechanism of injury (blunt versus penetrating trauma)

OBJECTIVE FINDINGS

__ Physical signs of trauma and / or blood loss
__ GCS = 3
__ No respiratory effort
__ No pulse

TREATMENT

__ Prepare for rapid transport
__ Assess patient and confirm pulselessness
__ Start CPR
__ Attach AED, follow commands
__ Control external bleeding with direct pressure
__ Obtain quick, resuscitation-oriented patient history
__ Ensure adequacy of CPR, consider Combi-tube for airway management
__ Consider ALS intercept

Documentation of adherence to protocol:

__ Mechanism of injury
__ Vital signs on arrival
__ Time CPR started
__ Time AED applied

PRECAUTIONS AND COMMENTS

- Consider cardiac etiology in older patients with low probability of mechanism of injury
- Make sure scene is safe
- Consider minimal disturbance of a potential crime scene
- Provide grief support as needed

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Traumatic Arrest

Overview: In the event of Trauma Arrest safe/ rapid transport is priority. Care should be initiated and scene time should be limited.

INFORMATION NEEDED

__ Witnessed trauma event and estimated down time
__ Any bystander CPR and / or treatment prior to arrival
__ Mechanism of injury (blunt versus penetrating trauma)

OBJECTIVE FINDINGS

__ Physical signs of trauma and / or blood loss
__ GCS = 3
__ No respiratory effort
__ No pulse

TREATMENT

__ Assess patient and confirm pulselessness
__ Start CPR
__ Attach defibrillator. Check for pulses and confirm rhythm
__ If asystolic with no signs of life consider pronouncement in the field (See in-field termination protocol)
__ If V-Fib or PEA follow V-Fib and PEA protocol.
__ If possible control external bleeding with direct pressure
__ Needle decompression if tension pneumothorax present
__ Obtain quick, resuscitation-oriented patient history
__ Ensure adequacy of CPR
__ Transport as soon as possible
__ Advanced airway management per scope of practice and IV access as indicated
__ Consider pacing

Documentation of adherence to protocol:

__ Mechanism of injury
__ Vital signs on arrival
__ Time CPR started
__ Time defibrillator applied
__ Documentation of appropriate cardiac protocol procedure if indicated
__ Advanced airway and IV access interventions documented

PRECAUTIONS AND COMMENTS

- Consider cardiac etiology in older patients with low probability of mechanism of injury
- Make sure scene is safe
- Consider minimal disturbance of a potential crime scene
- Provide grief support as needed