Traumatic Cardiac Arrest

CPR is of **limited** value and is de-emphasised **until** the following definitive interventions are under way, **except** for **Adrenaline**

SIMULTANEOUSLY

Manage Airway (+ C Spine)

- Intubate (single lumen)
- Ventilate FiO_2 1.0
- **Avoid** over-ventilating

Manage Circulation

- 2 largest bore IV/IO possible (Multi-Lumen Access Catheters)
- Initial bolus 20mL/kg sodium chloride 0.9%
- Blood products when available (MTP)
- Stop haemorrhage

Thoracotomy

- Is thoracotomy appropriate?
- Consider bilateral finger thoracostomy prior to thoracotomy
- Ensure both hemithoraces exposed
- Stop bleeding
- Drain pericardial tamponade
- Cross clamp aorta
- Internal compression/defibrillation

ROSC

(If no ROSC, consider when to cease resuscitation on consensus between the Team Leader, Trauma Surgeon and the wider resuscitation team. If ultrasonographic cardiac view demonstrates no cardiac activity, ongoing resuscitative efforts are almost certainly futile)

Post resus care including definitive management of traumatic injuries