# 4.02 Traumatic Cardiac Arrest

## BLS Treatment
- Assess circulation, airway, breathing, and responsiveness.
- **Oxygen** as indicated.
- Provide **Spinal Motion Restriction** as indicated.
- Appropriately splint suspected fractures/instability as indicated.
- Bandage wounds/control bleeding as indicated.

## ALS Treatment
- Minimize scene time. All treatments should be done en route as possible.
- IV/ IO **Normal Saline** fluid bolus.

### Asystole:
- If asystolic with no signs of life (absence of vital signs and respirations; asystole in two leads) consider pronouncement in the field (Refer to **Policy 4050 Death in the Field**).
- Notify medical examiner.
- Provide grief support and referrals for on-site survivors as needed.

### V-Fib or PEA:
- Refer to **Protocol 2.04 Cardiac Arrest** and **Policy 4050 Death in the Field**.

## Comments
- Consider cardiac etiology in older patients with low probability of mechanism of injury.
- If patient not responsive to trauma oriented resuscitation, consider possible medical etiology and treat accordingly.
- Unsafe scene may warrant transport despite low potential for survival.
- Minimal disturbance of potential crime scene.