

Trauma Cardiac Arrest Algorithm for Healthcare Providers

(Oct 2023)

HAZARDS

- Ensure the scene is safe
- Don appropriate PPE

HELLO

- Unresponsive? (Manual C-Spine alignment throughout)
- Not breathing or only gasping?
- Pulse? (If available, use Ultrasound. If no cardiac wall motion: Consider not starting resuscitation)

HELP

Call for assistance and activate trauma team (if available)

Emergency No:

Simultaneously prioritise the following actions using a multi-member team

H- Haemorrhage Control

- Apply tourniquets / direct pressure as required
- Bind pelvis
- Straighten / stabilise long bone fractures
- IV/IO access above the pelvis and provide 20ml/kg warmed crystalloids (Or whole blood / massive transfusion protocol / packed cells & FFP, if available)

O- Oxygenation and Ventilation

- Place an advanced airway (ETT / SGA)
- Ventilate using positive pressure ventilation with 100% O₂ at min 15L/minute flowrate

T- Tension Pneumothorax

- Consider empiric bilateral chest decompression (Anterior axillary line at the 5th IC space; Finger thoracostomy preferred)

T-Tamponade

- Diagnose with Ultrasound (if available)
- Consider thoracotomy or pericardial window (Consider time from arrest and available skills)

Begin standard BLS and ACLS as per RCSCA algorithm
Consider other reversible causes, including possible medical causes

ROSC?

Yes
Follow post cardiac arrest algorithm
Consider urgent surgical intervention and administration of TxA

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No
Consider termination of efforts