Trauma Cardiac Arrest Algorithm for Healthcare Providers

RESUSCITATION COUNCIL OF SOUTHERN AFRICA

TRAUMA SOCIETY OF SOUTH AFRICA

ITLS International Trauma Life Support SOUTHERN AFRICA

EMSSA

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% O_2 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 RCSA algorithm
Consider other reversible causes, including possible medical causes

ROSC?

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

No → **Consider termination of efforts**

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