

**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 – 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