



TRAUMATIC CARDIOPULMONARY ARREST – PEDIATRIC

ALS STANDING ORDERS:

1. Initiate or maintain spinal motion restriction as appropriate.
2. Make early base contact for destination determination when transport indicated.
3. Maintain open airway, assess for upper airway obstruction:
 - ▶ *Assist ventilation/oxygenation with BVM and high flow supplemental oxygen.*
4. Monitor cardiac rhythm:
 - ▶ *For bradycardia, ensure airway is open and provide high flow oxygen by mask, nasal cannula or blow-by at 6 L/min flow rate as tolerated.*
5. IV/IO access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
 - ▶ *Infuse 20 mL/kg normal saline (maximum 250 mL) IV/IO fluid bolus and make BH contact. May repeat same dose twice for total of three boluses as a standing order.*
6. If chest injury and suspected tension pneumothorax:
 - ▶ *Place Needle Thoracostomy to side of chest with absent breath sounds.*
 - ▶ *Place bilateral Needle Thoracostomy when bilateral chest trauma observed.*
7. Transport to Trauma Center as directed by Base Hospital (CCERC base preferred).

Approved:

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