	Trauma Services	No. 8894
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	Title: Pulseless Blunt Trauma Resuscitation-WMR	Effective Date: 11/02/2020

PURPOSE:

The goal of evaluation is to identify patients that have reversible life-threatening injuries versus those that arrival dead on arrival. Pulselessness in the field with resuscitative efforts of greater than 10-15 minutes carries a dismal prognosis for neurologically-intact survival regardless of whether signs of life (SOL) are present at time of arrival.

PROCEDURES:

- I. For patients that arrive with pulses and then lose them in the trauma bay, start at SOL Present on algorithm.
- II. Simultaneous establishment of 2 large bore IV accesses and blood product administration should be a goal in all patients deemed potentially salvageable however, these efforts should never delay performance of EDT where appropriate.
- III. ETCO2 should be used as an adjunct with the understanding that a value of less than 10 carries dismal prognosis for recovery.

DEFINITIONS:

TERM	DEFINITION
Signs of Life (SOL)*	Pupillary response, spontaneous breathing effort, spontaneous movements, or cardiac electrical activity
Cardiac Electrical Activity	>40 QRS complexes per minute
EDT	Emergency Department Thoracotomy
ETCO2	End Tidal Carbon Dioxide Monitoring
Salvageable	Patients that arrival with a pulse or SOL

I. ADDITIONAL RESOURCES

- a. List additional resources to support the document

Origination date: *Not Set*


Prepared by: *MGR, TRAUMA PROGRAM*

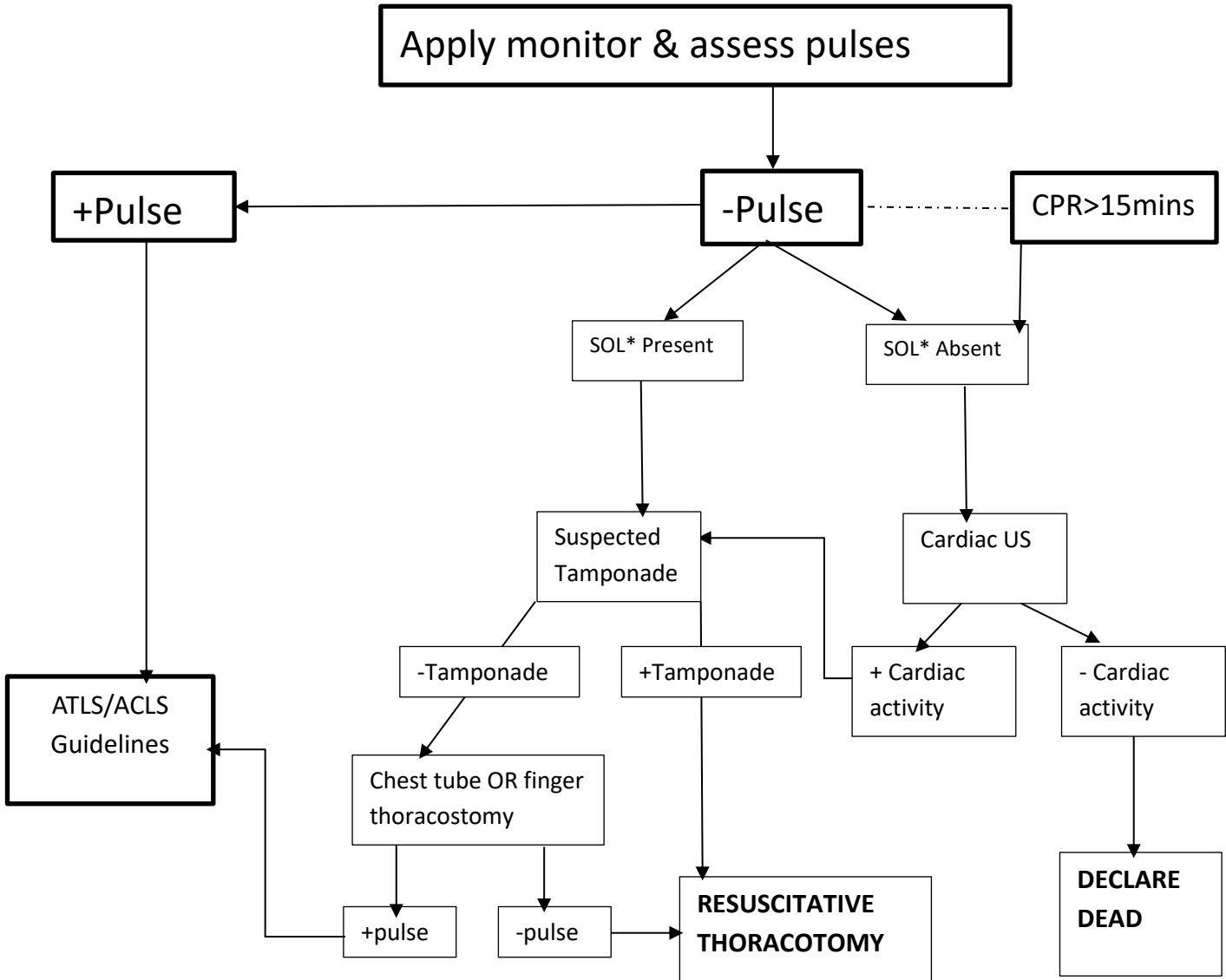
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