

CPER digest

April 2018

You respond for a 22 year old male patient who was struck by a vehicle when crossing the road. From the impact, the patient was thrown down into a steep ditch. According to bystanders, the car that hit the patient was travelling at a high rate of speed. Upon assessment, the patient has multiple lacerations noted to his head, with multiple deformities noted to his extremities and crepitus to his left chest. The patient is unresponsive, apneic and pulseless.

What are your next steps? If you said, maintain C-spine, initiate CPR, and attach defib pads and the cardiac monitor under the Trauma Cardiac Arrest Medical Directive, you are correct! The patient is in a PEA rhythm at a rate of 30. Your transport time to hospital is approximately 15 minutes so you expedite extrication and transport.

This case is based on a trend identified in the CPER region. Paramedics are utilizing the Medical Cardiac Arrest Medical Directive algorithm on traumatic arrest patients (ie. initiating IV access, administering Epi 1:10,000, completing multiple rhythm interpretations) and delaying transport. Paramedics have shared that due to the infrequency of traumatic arrests versus medical arrests, they automatically resort to the medical arrest algorithm. As well, Paramedics have shared that if there are delays to transport (ie. difficult extrication), they feel that interventions should be completed (ie. IV access, Epi 1:10,000 administration).

The Trauma Cardiac Arrest Medical Directive algorithm is intended to guide Paramedics to timely transport with minimal interventions. In traumatic arrests, only simple airway manoeuvres with BVM ventilation should be done on scene. ACPs should consider needle thoracostomy and/or intubation as required en-route.