



SERTAC Position Statement: The Prioritization of Transport and Life Saving Interventions in Traumatic Outside Hospital Cardiac Arrest

Traumatic cardiac arrest represents a unique and highly time-sensitive scenario in which rapid transport to a trauma center can be critical for survival. External chest compressions (CPR) have questionable utility in traumatic arrest but are conditionally recommended after other life-saving interventions (LSIs) have been performed. In the setting of traumatic cardiac arrest, any intervention that delays LSIs or rapid transport may adversely affect patient outcomes.

Therefore, we, the Southeast Trauma Advisory Council (SERTAC), recommend that EMS providers **initiate LSIs prior to and during transport where and when necessary**, per established guidelines.

In instances where prehospital personnel deem CPR necessary, we recommend CPR should take priority enroute to a care destination and **not prior where it may delay transport or LSIs**. The primary focus in this patient population must remain on immediate resuscitative measures (LSIs) and rapid transport for evaluation and treatment. Determination of futile care and/or early termination of care included cessation of LSIs or forgoing transport to local care facilities should follow established guidelines and protocols.

Key Considerations

1. **Time Sensitivity:** The priority in traumatic cardiac arrest is reducing time to hemorrhage control and/or other emergent interventions. Mechanical or manual chest compressions should not supplant or delay these time-critical measures.
2. **Resource Allocation:** Deploying and securing mechanical devices or performing manual CPR may delay essential life-saving interventions such as establishing vascular access, airway management, evacuation of pneumothoraxes, and rapid transport. If application of a mechanical assist device or initiation of manual CPR is performed, this should be done following indicated LSIs and initiation of transport.
3. **Continuous Evaluation:** As evidence evolves, ongoing review of protocols and best practices is encouraged to ensure optimal patient outcomes.

In alignment with principles set forth by joint statements between the National Association of EMS Physicians and the American College of Surgeons Committee on Trauma as well as guidelines set forth by the Western Trauma Association and the Eastern Association for the Surgery of Trauma, SERTAC emphasizes early and rapid transport of critically injured patients.



References:

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