

CMG 39 – ADULT AGONAL TRAUMA PATIENTS

(Revised: January 2010)



An agonal trauma patient is described as:

- (i) a trauma patient who presents on scene without cardiac output and there is evidence that this has been for a short time only (eg. witness information, short response time, arrest in ambulance care), **OR**
- (ii) a trauma patient immediately prior to arrest (faint central pulse, gasping/no respirations)

It is acknowledged that the history of loss of cardiac output can be unreliable. It is also assumed that there is no obvious, non-survivable injuries. Be wary of situations where a cardiac arrest may have preceded the trauma event.

1. ESTABLISH NO CARDIAC OUTPUT

ICP	If there are other patients on scene with serious injuries and if there are not sufficient resources to deal with all patients, the agonal blunt and penetrating trauma patient is to be triaged out	AP
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2. DETERMINE IF CARDIAC DEATH HAS OCCURRED

ICP	Monitor the patient with ECG leads	AP
ICP	If narrow complex electrical activity with HR > 20 beats/min: <ul style="list-style-type: none"> • blunt trauma – cardiac death has not occurred and attempts to resuscitate should be considered. • penetrating trauma – resuscitation should be attempted 	AP
ICP	If slow, wide complex rhythms, or asystole: <ul style="list-style-type: none"> • blunt trauma – consider no resuscitation • penetrating trauma – consider resuscitation 	AP

3. RESUSCITATE RAPIDLY

ICP	Cannulate or IO	AP
ICP	Rapid infusion of > 2 litres normal saline	AP
ICP	Secure definitive airway – LMA or	AP
ICP	ETT	
ICP	Aggressive oxygenation	AP
ICP	If in any doubt about air entry / chest penetration – decompress chest	
ICP	Pelvic splint as indicated	AP

4. DRUGS AS INDICATED

continues over



5(a) BLUNT TRAUMA

If at this point, ROSC has not occurred, cessation of resuscitation should be seriously considered.

Agonal blunt trauma patients should not generally be transported if active CPR needs to be performed en route.

Exceptions:

- close to trauma centre
- paramedic clinical judgement

5(b) PENETRATING TRAUMA

Facilitate urgent transport to trauma centre.

- Ensure notification
- Continue active resuscitation
- If more than 15 minutes transport time from trauma centre, go to closest hospital
- If ROSC has occurred, continue to trauma centre
- Agonal penetrating trauma patients may be considered for transport, as survival is possible

Penetrating wounds to the head are to be treated as for blunt agonal trauma.