

'HOTS' Algorithm for Pediatric Traumatic Arrest

Pediatric Trauma Patient
ARREST/ PERI-ARREST

Penetrating trauma
chest or epigastrum

Consider immediate thoracotomy if loss of 'signs of life' within 15 min

Signs of Life:

- Palpable central pulse
- Cardiac electrical activity
- Pupillary response
- Extremity movement
- Spontaneous ventilation
- Measurable or palpable blood pressure

YES

NO

Medical
cause likely?

YES

PALS algorithms
for medical arrest

NO

Commence or
continue BLS/ALS

Hypovolemia: Control external hemorrhage
IV/IO fluid and/or blood
Splint pelvis/long bone fractures

Oxygenation: Basic/advanced airway
Maximize oxygenation

Tension pneumothorax/Tamponade: Decompress chest/pericardium

Spine: Consider obtaining lateral C-spine radiograph in young children < 9yr

Craniocervical
disruption

YES

Consider termination
of resuscitation if no
ROSC obtained

ROSC

NO

NO ROSC

Immediate transfer for
definitive hemorrhage
control if indicated

T° >33

YES

Consider termination
of resuscitation

NO

Warm patient to
>33 degrees