**CBME Staff Resus: traumatic arrest Checklist**

**November 24, 2022**

**Staff Being Evaluated:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructors:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Done** | **Not done** | **Comments** |
| **Phase 1 - preparation** | | | |
| Recognize needs for HOTS algorithm and discuss with team de-prioritizing of CPR and epi |  |  |  |
| Activate trauma 1 |  |  |  |
| Preparation of chest tubes |  |  |  |
| Order blood and activate MHP |  |  |  |
| Assign team roles |  |  |  |
| **Phase 2 – initial management** | | | |
| CPR stopped when tubes are ready for inserti |  |  |  |
| Identify PEA (no pulse) |  |  |  |
| Insertion of IO X2 |  |  |  |
| Chest tube insertion |  |  |  |
| Neck X ray to R/O cause of traumatic arrest |  |  |  |
| Performs modified primary |  |  |  |
| **Phase 3 - ROSC** | | | |
| Identify ROSC |  |  |  |
| intubation with reduced dose of Fentanyl and Ketamine |  |  |  |
| Chest X Ray post chest tube (if not done at phase 2) |  |  |  |
| Add: follows appropriate MHP protocol |  |  |  |
| Pelvic binder applied (if not done at stage 2) |  |  |  |
| ICU consult |  |  |  |