**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  |   |   |   |