TRAUMATIC CIRCULATORY ARREST: FOCUS ON 2H'S AND 2T'S AS COMPRESSIONS DO LITTLE DURING HYPOVOLEMIA

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PURPOSE

Treatment of patients with a traumatic cardiac arrest (TCA) remains challenging: 86,6% will die due to hypovolemic shock¹.

We must change our mindset.

CASE REPORT

- Young male, hit on the highway
- Presented with pulseless electrical activity (PEA) for which CPR
- Massive transfusion protocol despite negative FAST ultrasound
- LUCAS compressions had no effect on blood pressure, etCO₂ or output (Figure 1).
- Persistent PEA and therefore DSATCTM damage control laparotomy
- Died due to multi-organ failure

Figure 1. Compressions without effect

Figure 2. Flowchart

CONCLUSIONS

- Finding and treating the cause of TCA is most important (Figure 2). It should not be hindered by compressions, since these are less effective in hypovolemia.
- Particularly in TCA, early invasive monitoring could support in decision making.
- Remain critical, as negative FAST or absence of blush does not exclude a major bleeding in low / no pressure situations.

TAKE HOME MESSAGE

FIND AND TREAT THE CAUSE OF TCA (2H's / 2T's) AND DO NOT WASTE TIME ON OPTIMIZING CPR

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