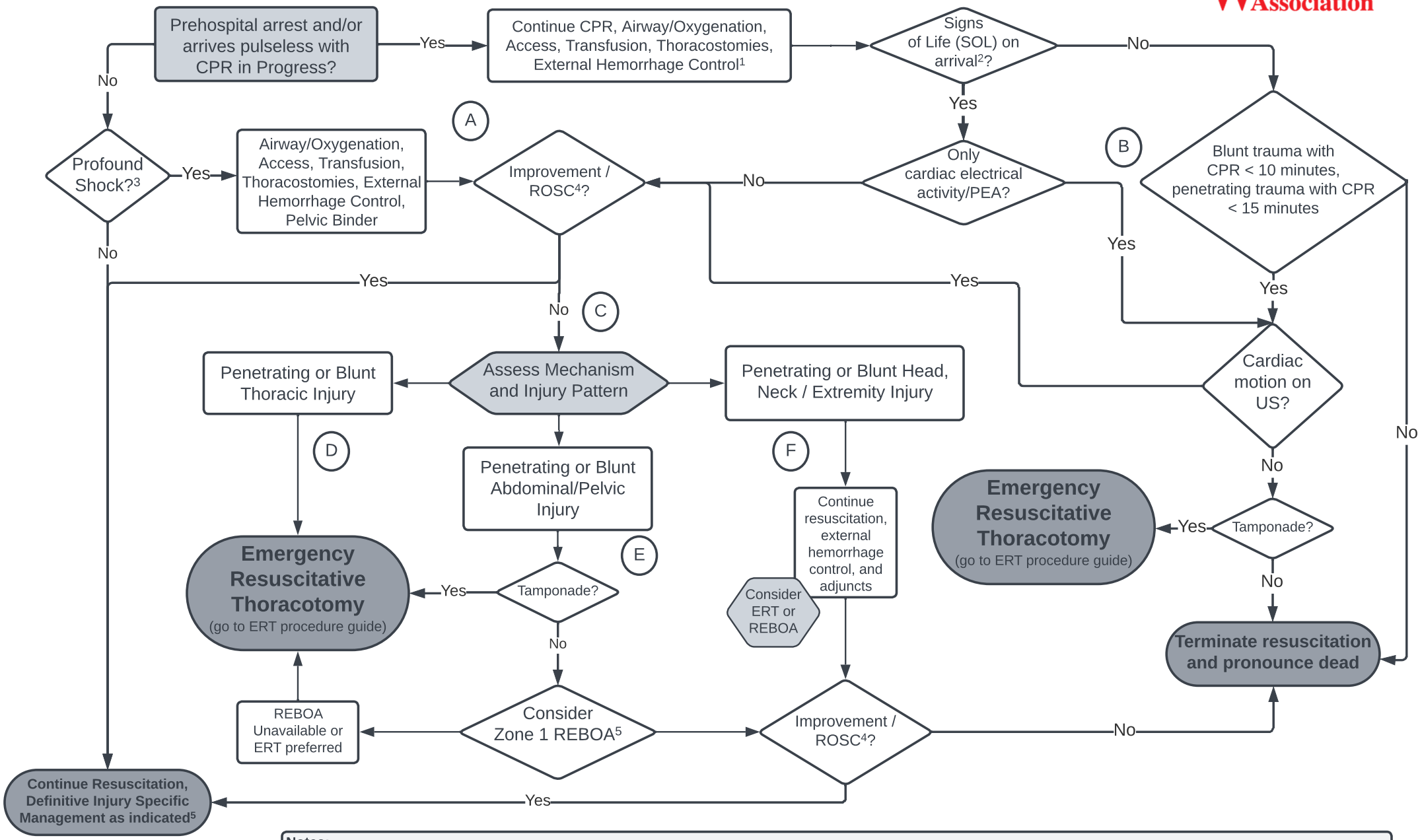
Adult Emergency Resuscitative Thoracotomy (ERT) Algorithm

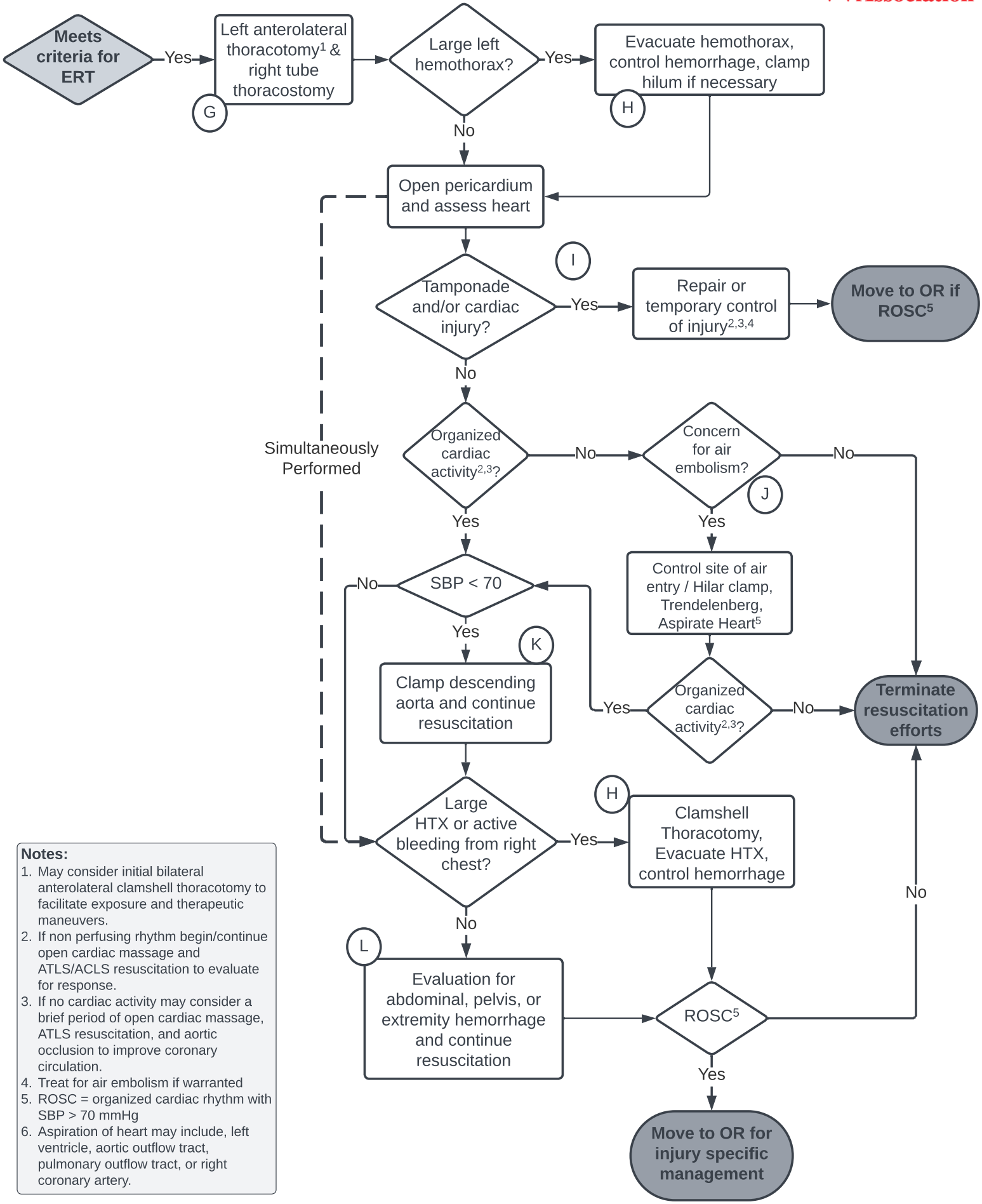


Notes:

1. Rapidly establish definitive airway if not done in the field, continue CPR (interruptions in CPR to facilitate resuscitation procedures are accceptable), obtain vascular access, transfusion, external hemorrhage control, and therapeutic adjuncts when indicated while assessing for signs of life. Do not delay ERT in injury patterns likely to benefit.
2. Signs of life: Pupillary response, spontaneous ventilation, presence of pulse or measurable blood pressure, extremity movement, electrical cardiac activity.
3. Profound Shock: SBP < 60 mmHg.
4. ROSC = Organized cardiac rythym and SBP > 70 mmHg
5. At surgeon descretion and where available REBOA may be considered as an alternative for aortic occlusion when no concern for thoracic aortic injury

Adult Emergency Resuscitative Thoracotomy (ERT) Procedure Guide

Western Trauma Association



Notes:

1. May consider initial bilateral anterolateral clamshell thoracotomy to facilitate exposure and therapeutic maneuvers.
2. If non perfusing rhythm begin/continue open cardiac massage and ATLS/ACLS resuscitation to evaluate for response.
3. If no cardiac activity may consider a brief period of open cardiac massage, ATLS resuscitation, and aortic occlusion to improve coronary circulation.
4. Treat for air embolism if warranted
5. ROSC = organized cardiac rhythm with SBP > 70 mmHg
6. Aspiration of heart may include, left ventricle, aortic outflow tract, pulmonary outflow tract, or right coronary artery.