Adult Emergency Resuscitative Thoracotomy (ERT) Algorithm Prehospital arrest and/or Continue CPR, Airway/Oxygenation. Signs of Life (SOL) on arrives pulseless with Access, Transfusion, Thoracostomies, arrival2? External Hemorrhage Control¹ **CPR in Progress?** ΝĪο Yes Airway/Oxygenation, В Blunt trauma with Only Access, Transfusion, Profound CPR < 10 minutes. Yes-Improvement cardiac electrical Thoracostomies, External Shock?3 penetrating trauma with CPR ROSC4? activity/PEA? Hemorrhage Control, < 15 minutes Pelvic Binder Yes Yes Yes Yes C . Cardiac Assess Mechanism Penetrating or Blunt Head, Penetrating or Blunt motion on and Injury Pattern Neck / Extremity Injury Thoracic Injury US? Νo D F Penetrating or Blunt Abdominal/Pelvic **Emergency** Continue Injury Resuscitative resuscitation. Tamponade? external **Thoracotomy Emergency** hemorrhage (go to ERT procedure guide) control, and Resuscitative No adjuncts Tamponade? Consider **Thoracotomy** ERT or (ao to ERT procedure auide) REBOA Terminate resuscitation and pronounce dead REBOA Consider Improvement Unavailable or Zone 1 REBOA⁵ ROSC4? ERT preferred Continue Resuscitation, **Definitive Injury Specific** Management as indicated5

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

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