DRT or DCR? Rethinking Post-Traumatic Circulatory Arrest in Austin!

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What’s Your Plan??
Why bother??

- Survival rates: 0.77%-1.5%
- Some studies have recommended asystole as a contraindication in PTCA resuscitation
Should ALS be initiated??

Should ALS be initiated??

- BLS and ALS units dispatched for PTCA + EMS Supervisor
- ALS includes:
  - Intubation
  - IV fluids
  - Medication administration
  - POC Ultrasound
  - POC lab testing
  - Chest tube
  - Pericardiocentesis
• 49.1% ROSC
• 6.6% CNR
• Children: 23% survival
• Adults: 5.7% survival
• Elderly: 3.7% survival
How much time do you have?

- Mean response time for survivors: 6.9 min
- Mean response time for non-survivors: 9.2 min
- **AFTER 10 MINUTES** from the time of the initial incident: **zero survivors**
What difference does the rhythm make?

**ROSC**
- VF: 90.9%
- PEA: 60.5%
- Asystole: 40.2%

**CNR**
- VF: 36.4%
- PEA: 7%
- Asystole: 2.7%
• Pit Crew CPR for Trauma
• TXA
• POC Ultrasound + PCT
• Whole Blood...Hopefully
• Chest Decompression....SOMETHING NEW!
Needle Thoracostomy
Simple Thoracostomy: Moving Beyond Needle Decompression in Traumatic Cardiac Arrest

Fri, Mar 28, 2014  |  By Mark E.A. Escott, MD, MPH, FACEP, Guy R. Gleisberg, MBA, BSEE, NREMT-B, EMS-I, Kasia Kimmel, MD, Andrew Karrer, LP [Andrew Karrer, LP], Jared Cosper, BS, LP [Jared Cosper, BS, LP], Brett J. Monroe, MD

Needle thoracostomy, by the anterior approach, is currently the preferred emergent EMS chest decompression procedure. Photo Kevin Nutt/Montgomery County Hospital District
Simple Thoracostomy

4\textsuperscript{th} or 5\textsuperscript{th} intercostal space midaxillary line
Indications

PTCA with known or suspected injury to the chest and/or abdomen
Contraindications

Any patient that has cardiac output, including hypotensive patients.

Last known alive > 10 minutes.
The MCHD Experience

- 46 Patients
- ROSC (26%)
- Survival 24hr (11%)
- Survival to DC with CNR (6.5%)
YOUR SEASON OF HOPELESSNESS IS OVER
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