

Úrazová srdeční zástava

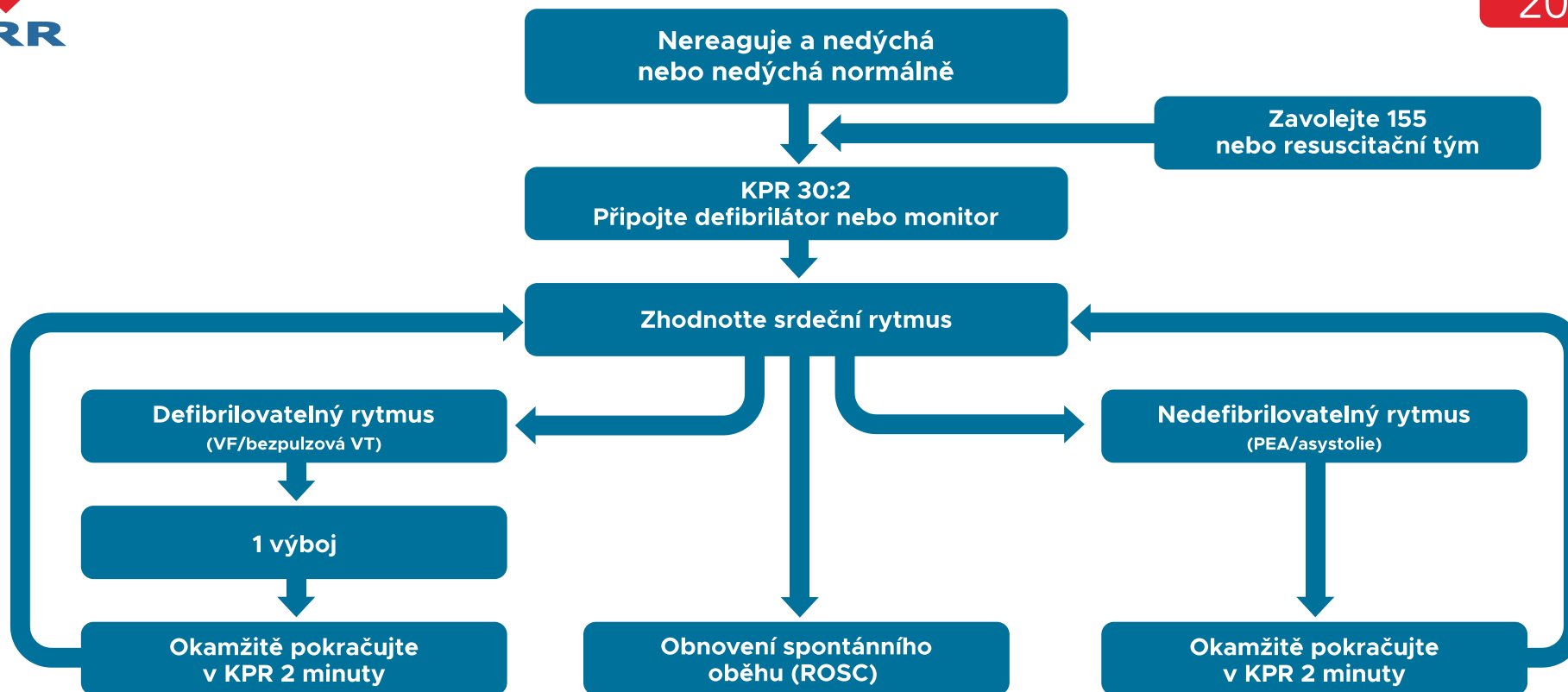


Viktor Gawlik





	N (%)	ROSC rate (%)	Survival rate (%)
Etiology			
Medical	22,927 (91.1)	33.1	8.2
Traumatic	975 (3.9)	22.9	2.8
Asphyxia	810 (3.2)	33.0	5.6
Drug overdose	300 (1.1)	39.1	14.4
Drowning	154 (0.6)	19.5	5.4
Electrocution	5 (<0.1)	20	25



Zajistěte vysokou kvalitu srdeční masáže

- Podejte kyslík
- Použijte kapnografii
- Po zajištění dýchacích cest srdeční masáž nepřerušujte
- Minimalizujte přerušování srdeční masáže
- Intravenózní nebo intraoseální vstup
- Podejte adrenalin každých 3-5 minut
- Podejte amiodaron po 3. výboji
- Rozpoznejte a řešte reverzibilní příčiny

Rozpoznejte a řešte reverzibilní příčiny

- Hypoxie
- Hypovolémie
- Hypokalémie/hyperkalémie/metabolické příčiny
- Hypotermie/hypertermie
- Trombóza (koronární tepny nebo plicní embolie)
- Tenzní pneumotorax
- Tamponáda srdeční
- Toxické látky

Pro rozpoznání reverzibilních příčin zvažte použití ultrazvuku

Zvažte

- Koronární angiografii/perkutánní koronární intervenci
- Mechanickou srdeční masáž pro usnadnění transportu/další léčby
- Mimetělní KPR

Po obnovení oběhu

- Postup ABCDE
- Cílová hodnota SpO₂ 94-98 % a normální PaCO₂
- 12svodové EKG
- Rozpoznejte a řešte vyvolávající příčinu
- Cílená regulace tělesné teploty





London Freemasons

Advanced Trauma Team

Support London's Air Ambulance

G-LNDN



Traumatic Cardiac Arrest: Who Are the Survivors?

**David Lockey, FRCA, FIMC,
RCS(Ed)**

Kate Crewdson, MB, BS, BSc

Gareth Davies, FFAEM, FRCP

From the London Helicopter Emergency Medical Service, Royal London Hospital, London, United Kingdom.

A practical approach to resuscitative thoracotomy

Marius Rehn

Gareth Davies

David Lockey

Abstract

The survival after traumatic cardiac arrest is similar to out-of-hospital cardiac arrest of any cause. Potential reversible pathologies must be addressed immediately, regardless of patient location at the time of diagnosis. Resuscitative thoracotomy is a well-established surgical intervention that may result in a neurologically good outcome for some patients in traumatic cardiac arrest. This paper describes a simple approach to resuscitative thoracotomy that can be used by a doctor in the pre-hospital environment and in the emergency department.

Keywords Blunt trauma; emergency medical service; emergency thoracotomy; penetrating trauma; resuscitation; resuscitative thoracotomy



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Clinical paper

Pre-hospital Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) for exsanguinating pelvic haemorrhage

**Robbie Lendrum^{a,b,c,*}, Zane Perkins^{a,b,d}, Manik Chana^e,
Max Marsden^{d,f}, Ross Davenport^{a,d}, Gareth Grier^{a,b,e},
Samy Sadek^{a,b}, Gareth Davies^{a,b,d}**

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Commentary and concepts

Development of a simple algorithm to guide the effective management of traumatic cardiac arrest[☆]

David J. Lockey^{a,*}, Richard M. Lyon^b, Gareth E. Davies^c

David Lockey, FRCA, FIMC, RCS(Ed)

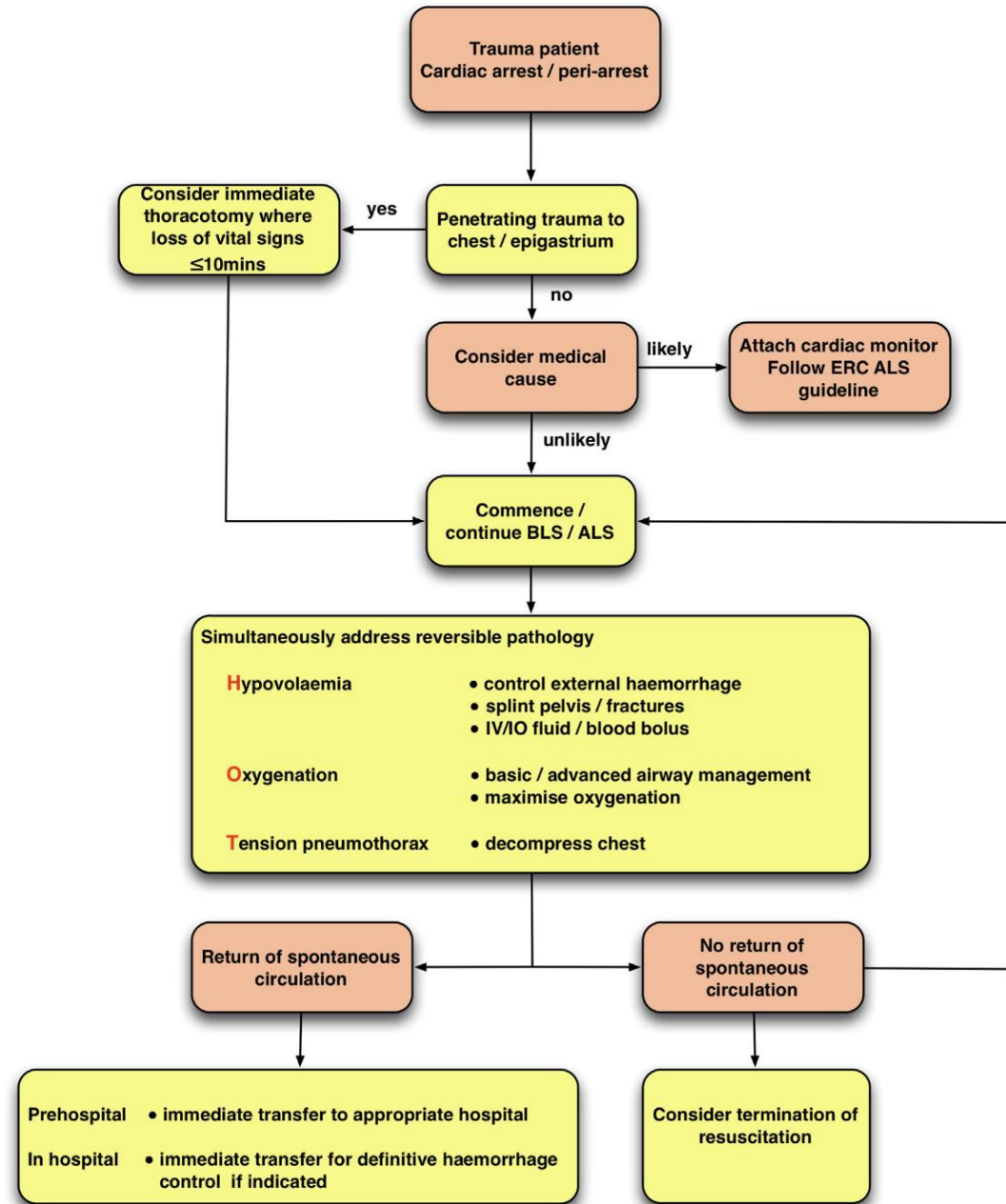
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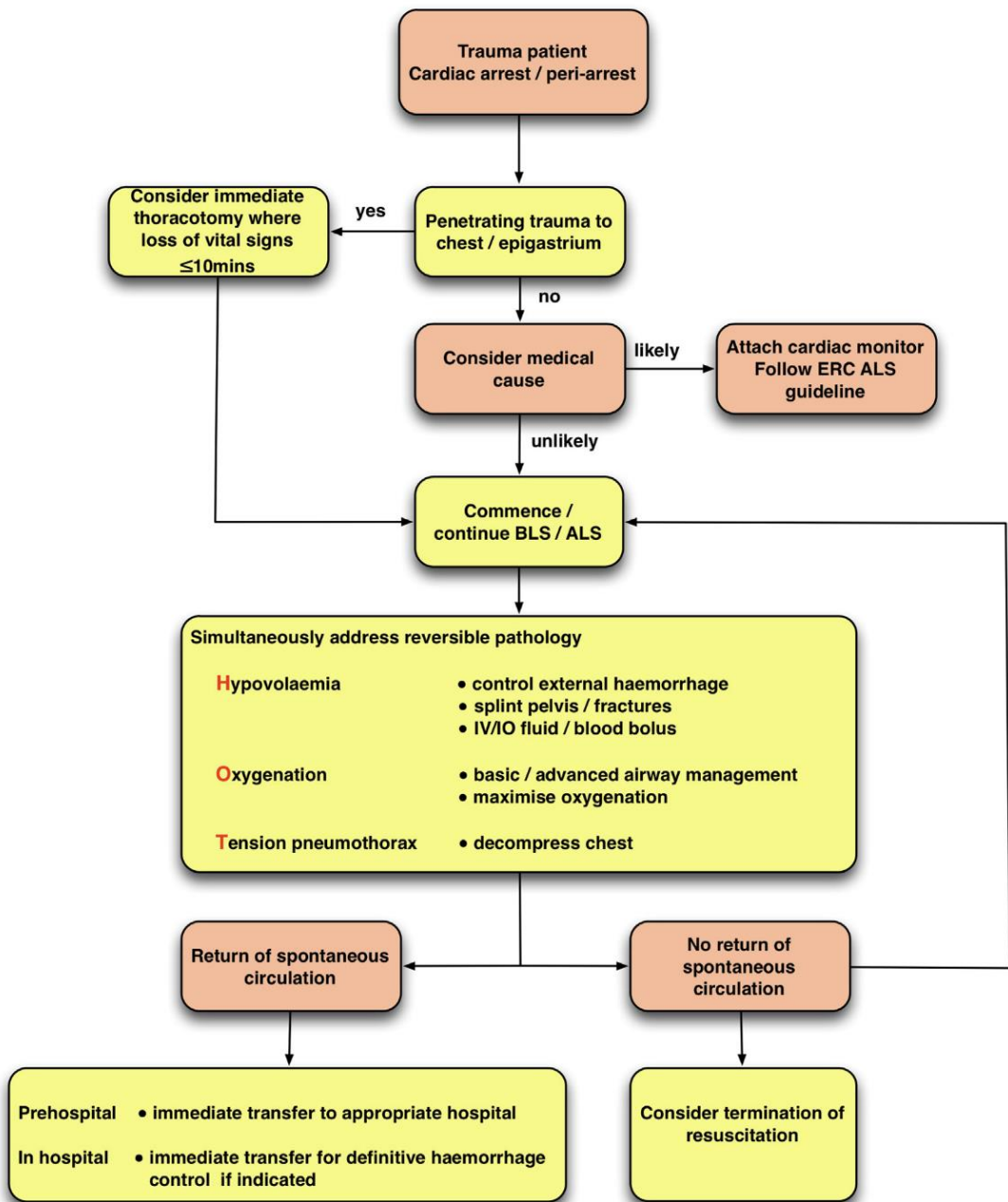
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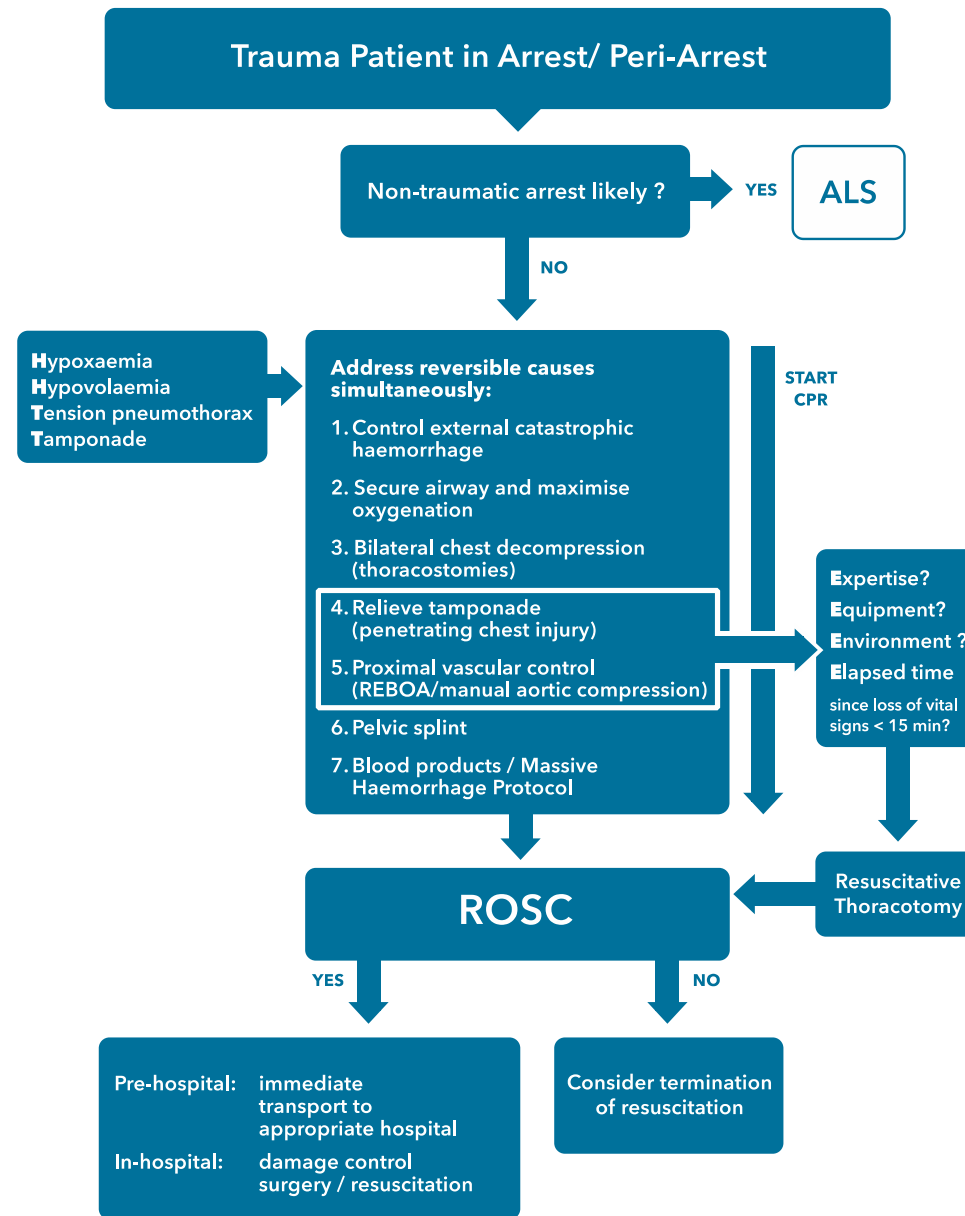
Traumatic cardiac arrest treatment algorithm



Traumatic cardiac arrest treatment algorithm



TRAUMATIC CARDIAC ARREST/ PERI-ARREST ALGORITHM



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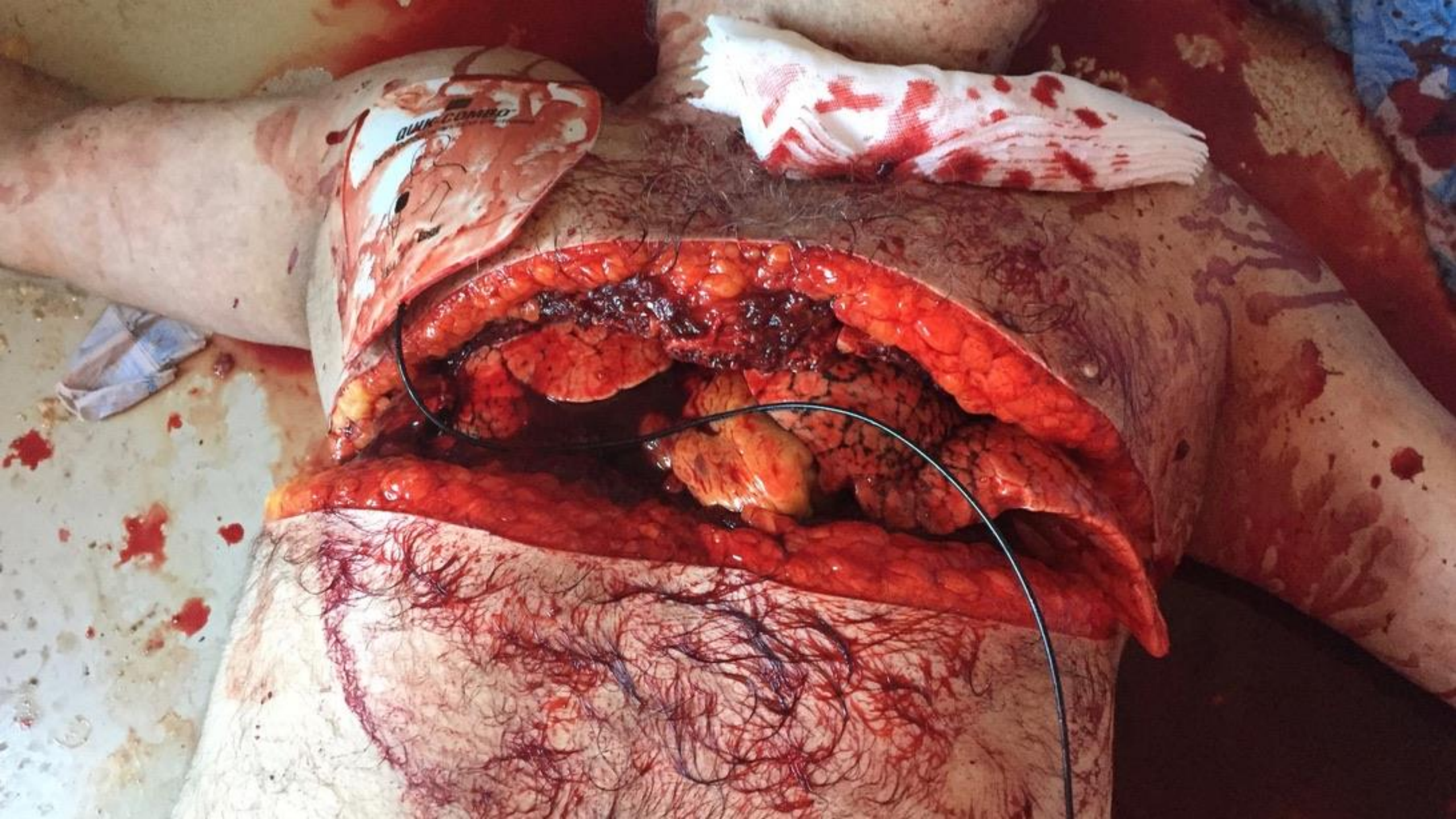
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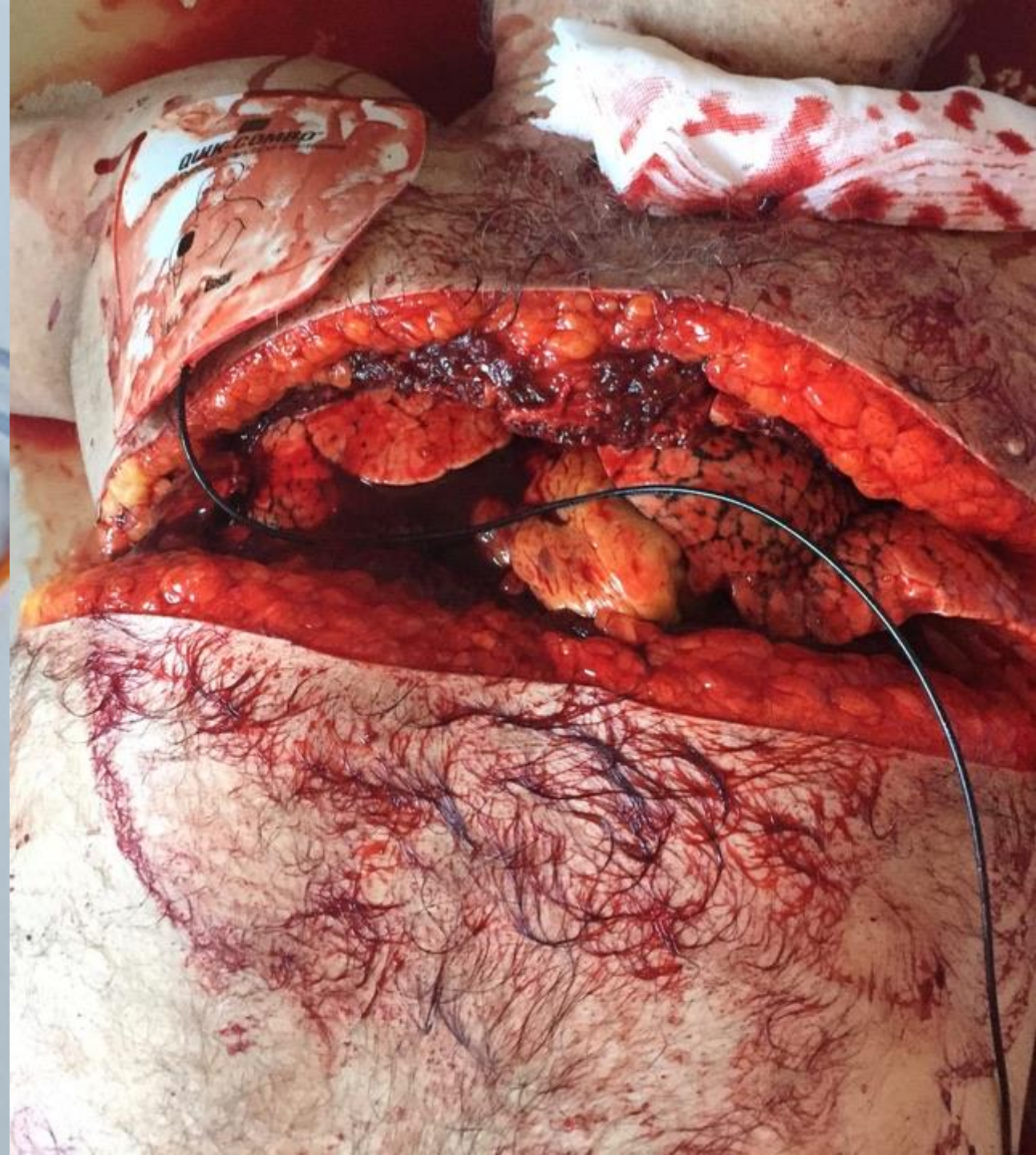
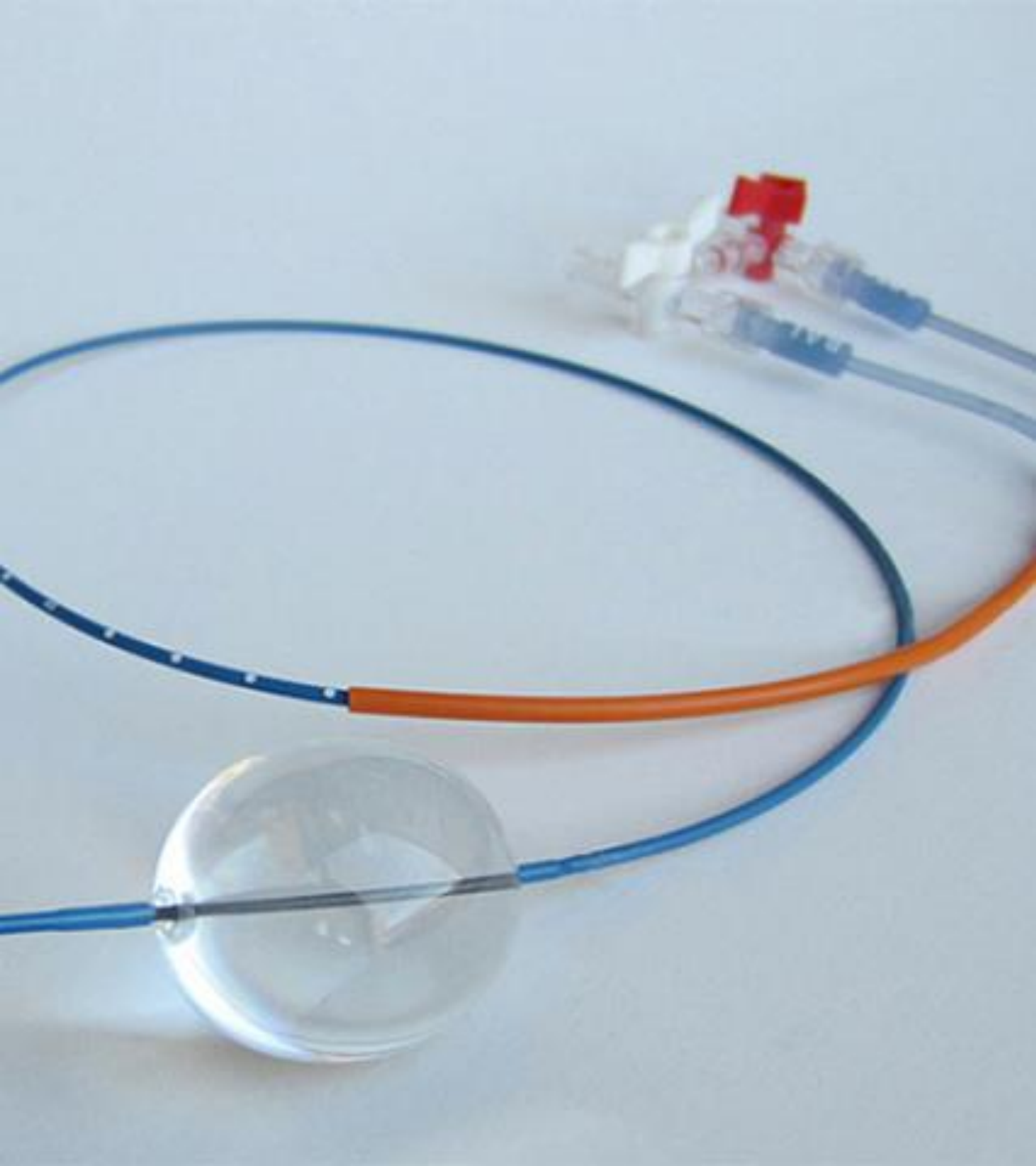
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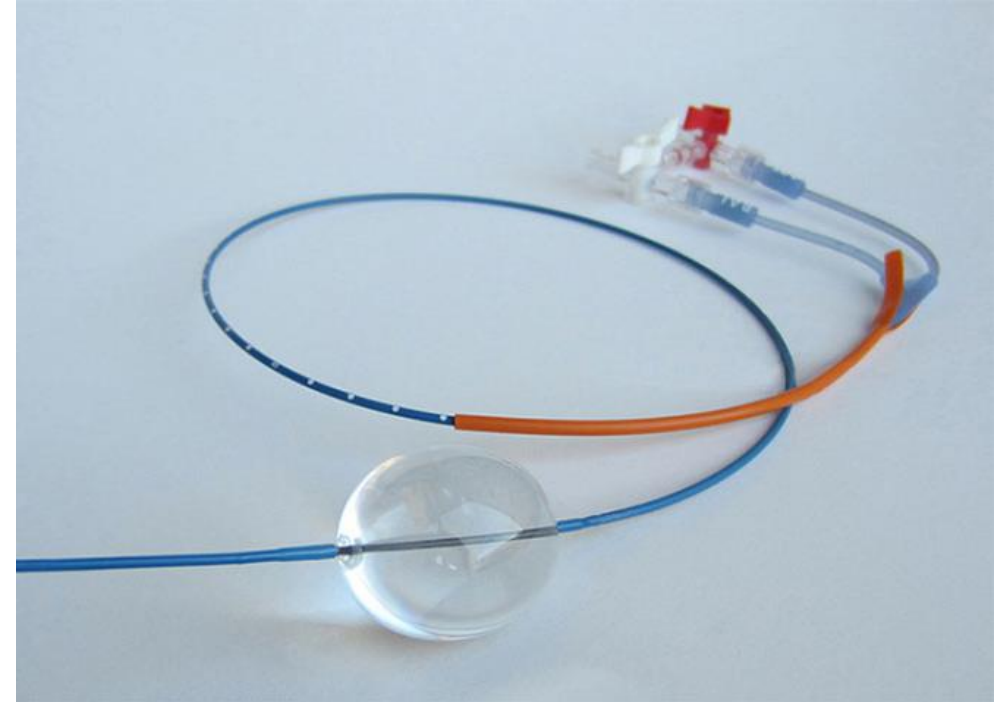
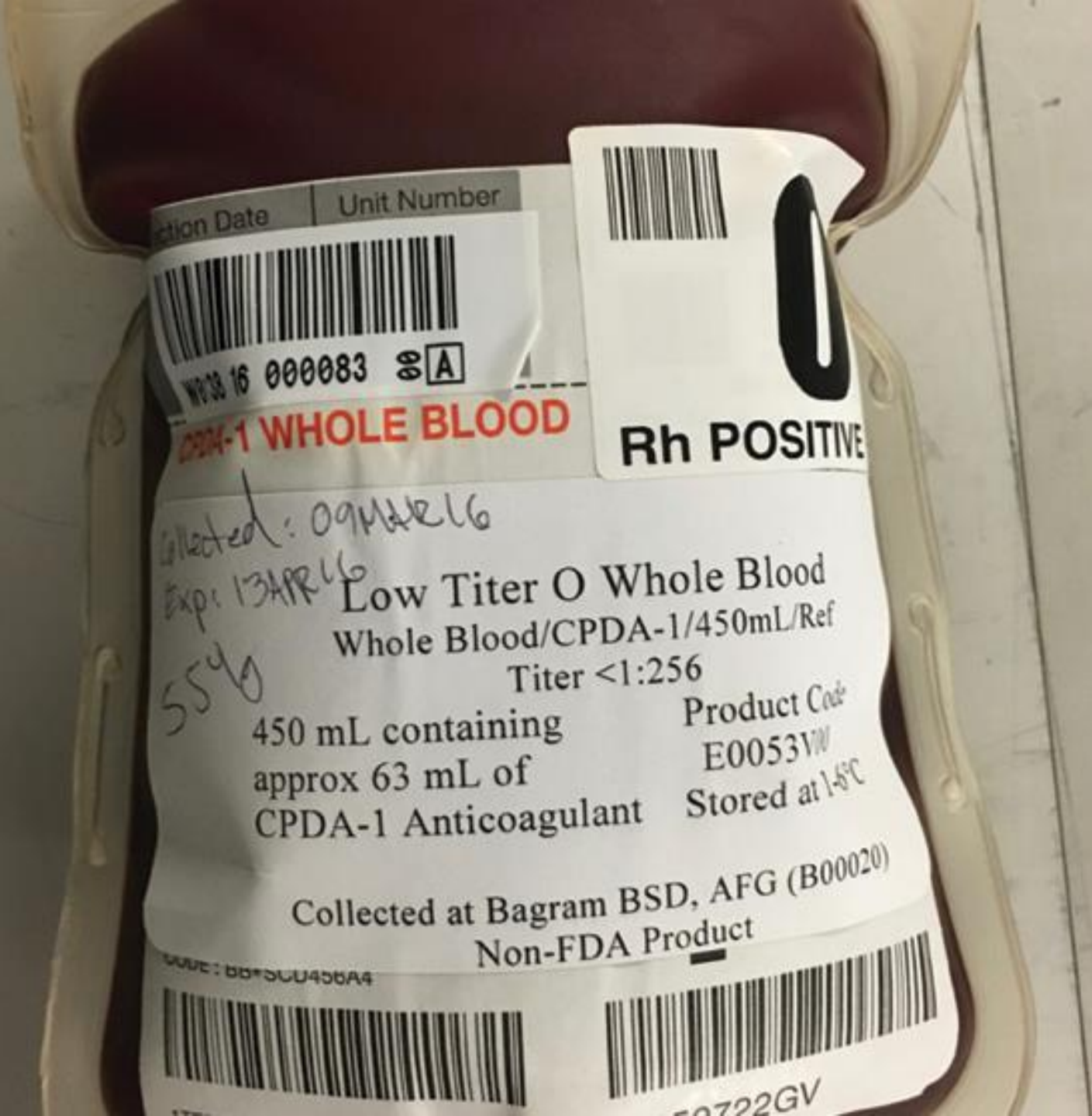
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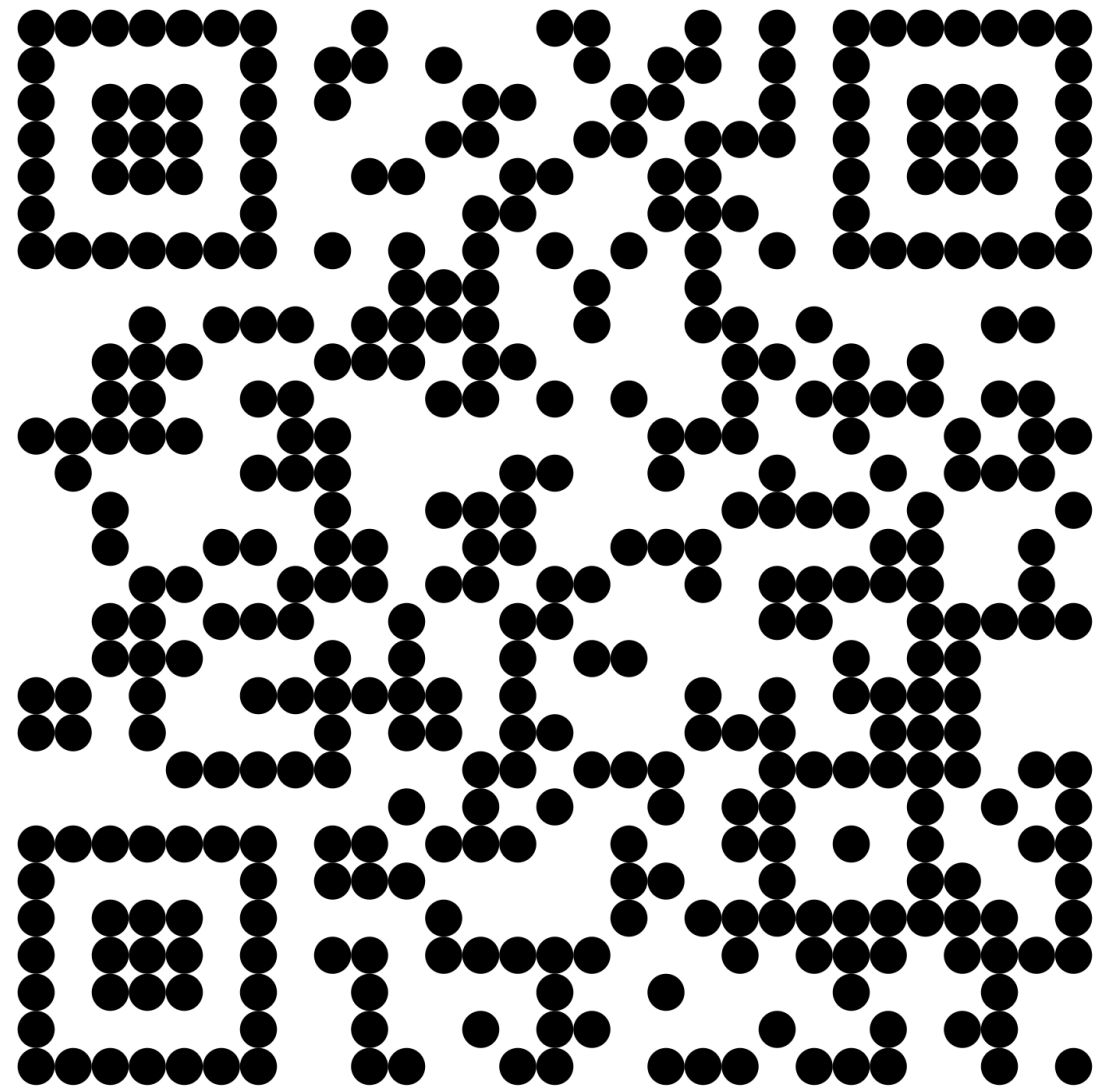












viktor.gawlik@zszk.cz

