

Title:	Resuscitative Thoracotomy Guidelines				
Department/Service Line:	Trauma Services				
Approver(s):	Dr. Michael Foreman, Trauma Medical Director; Trauma PIPS/OPS Committee				
Location/Region/Division:	Baylor University Medical Center				
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SCOPE

This guideline applies to all healthcare providers caring for trauma patients at Baylor University Medical Center (BUMC).

DEFINITIONS

None.

GUIDELINE

- Resuscitative thoracotomy can be lifesaving in the appropriate patient. It can also be futile, invasive care that exposes the operators and resuscitation team to serious biohazard. As with all medical procedures, a balance between potential risk and benefit must be sought.
- Resuscitative Thoracotomy can be considered futile if:
 - Asystole is the initial rhythm in the absence of pericardial tamponade
 - Prehospital CPR exceeding 15 minutes without response in penetrating or blunt injury
 - Concomitant clearly mortal injuries present with CPR (e.g. hemipelvectomy, alanto-occipital dislocation, fatal brain injury)
 - Systolic pressure of 60 mmHg **OR** palpable carotid or femoral pulse **WITH** a sustained rhythm for 20 seconds cannot be obtained after resuscitative thoracotomy

ATTACHMENTS

Resuscitative Thoracotomy Algorithm

RELATED DOCUMENTS

None.

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Attachment Name:	Resuscitative Thoracotomy Algorithm		
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