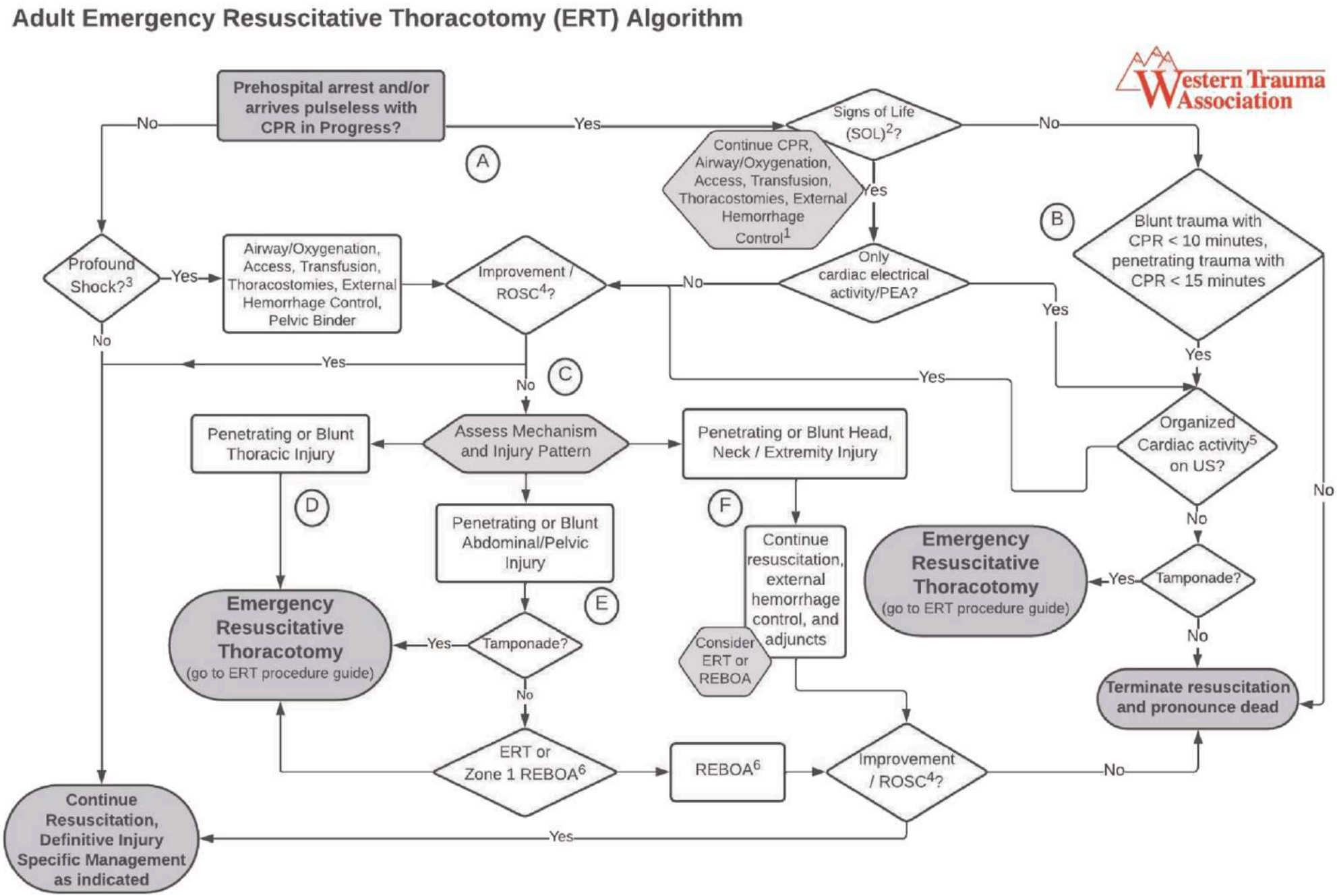

Figure 1. Western Trauma Association adult ERT algorithm. (1) Rapidly establish definitive airway if not done in the field, continue CPR (interruptions in CPR to facilitate resuscitation procedures are acceptable), and obtain vascular access, transfusion, external hemorrhage control, and therapeutic 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, and electrical cardiac activity. (3) Profound shock: SBP < 60 mm Hg. (4) ROSC: Organized cardiac activity and sustained SBP > 70 mm Hg. (5) Organized cardiac activity = organized non-fibrillating cardiac contractions. (6) At surgeon discretion and where available, REBOA may be considered as an alternative for aortic occlusion when no concern for thoracic aortic injury.

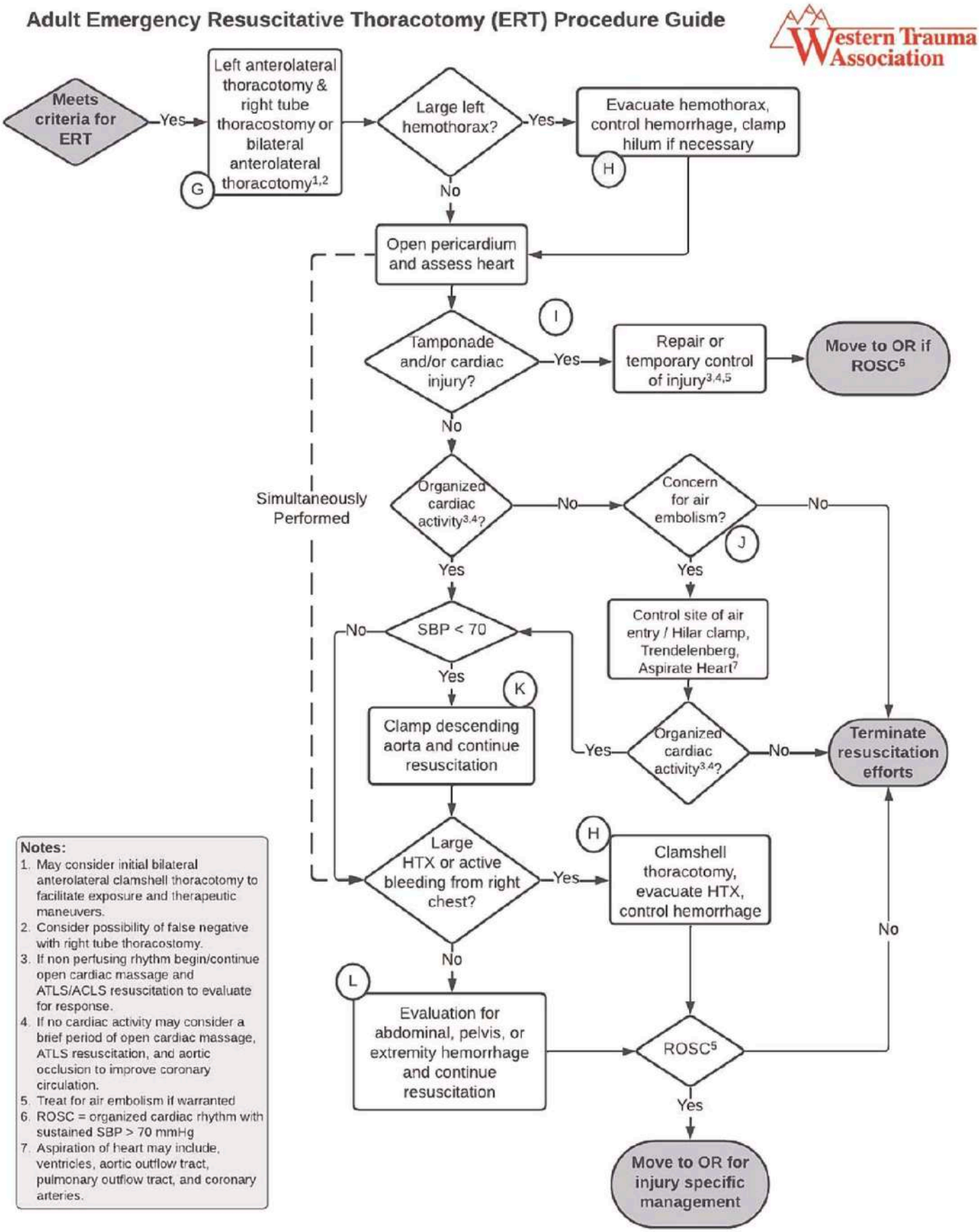

Figure 2. Western Trauma Association adult ERT procedure guide.