Overview of Trauma Resuscitation

- **Pre-Hospital**
  - Tourniquet (limb injury)
  - Tranexamic acid at scene

- **ED**
  - Continue Tranexamic acid

- **Theatre**
  - Initiate 1:1:1 Haemorrhage Protocol

- **ITU**
  - CO guided resuscitation post haemostasis

- **Damage Control Surgery, Angiography**

- **Hybrid resuscitation to target SBP > 80 for 1st hour, SBP > 60 after this**

- **Keep warm, prevent acidosis by maintaining perfusion**
Haemorrhage

Recognize continued bleeding:
- Worsening BE / lactate / ↑ vasopressor
  - these are earlier signs than falling Hb
- Check drains, line sites
  - ie surgical (localised) vs medical (generalised)

Minimize SURGICAL bleeding

**Arterial:**
- Tourniquet
- Fogarty catheter
- Aortic or vascular clamp
- Damage Control Surgery
- Angiography

**Venous:**
- Solid organ packing
- Pelvic stabilisation
- Thrombin ‘sheet’
- Kwikclot
- Damage Control Surgery

Minimize MEDICAL bleeding

- Warm, Resuscitate to prevent acidosis
- Minimize colloid use if possible
- Blood, Clotting factors, Platelets (1:1:1) – be guided ideally by Thromboelastography
- Anti-fibrinolytics – Tranexamic Acid (review every 24hrs – hi risk PE)
- Consider Fact VII if pH. > 7.1, clotting factors replaced