

The INside TRAC

2021 - Quarter 1

EVOLUTION OF HEMORRHAGIC SHOCK

Scott Thomas, MD, FACS, Trauma Medical Director at Memorial Hospital, provided a comprehensive presentation building from the historical treatment of hemorrhagic shock to the growing understanding of trauma-induced coagulopathy (TIC) with recommendations for use of whole blood and components. Take home points included:

- Uncontrolled hemorrhage remains the leading cause of death; delays of minutes in hemorrhage control translate to stepwise increase in mortality.
- Coagulopathy in trauma is rapid, variable, and morbid.
- Massive Transfusion Protocols are important resources.

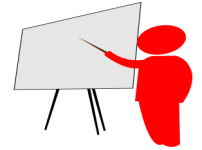


- Balanced resuscitation using 1:1:1 ratios are important.
- Factor concentrates can be fast, efficient, and highly effective, especially in remote locations and/or long transport times.



Key Points “Pearls”

From two cases presented by Drs. Benavente, Sherry, and Thomas:



Trauma during Pregnancy:

- Importance of positioning a pregnant woman in left lateral decubitus position to alleviate compression on the inferior vena cava and maintain blood return to the heart.
- Importance of rapid EMS transport.
- Monitoring of fetal heart rate provides important information about fetal status.

High Speed MVC with Shock:

- During prolonged extrication EMS should focus on ABCs.
- CT scans can provide helpful information about the extent and location of injuries but the required transport can be high risk.
- Transection of the IVC, especially with blunt mechanism, is highly lethal.

Trauma Education during the Pandemic

Education and outreach has been difficult during the pandemic. Some national courses have been postponed or limited by required precautions. Some local offerings, such as monthly EMS reviews, have continued with modifications. Available resources include:

- Local hospital and EMS educators/coordinators
- Beacon Trauma website at:
www.beaconhealthsystem.org/beacon-trauma

