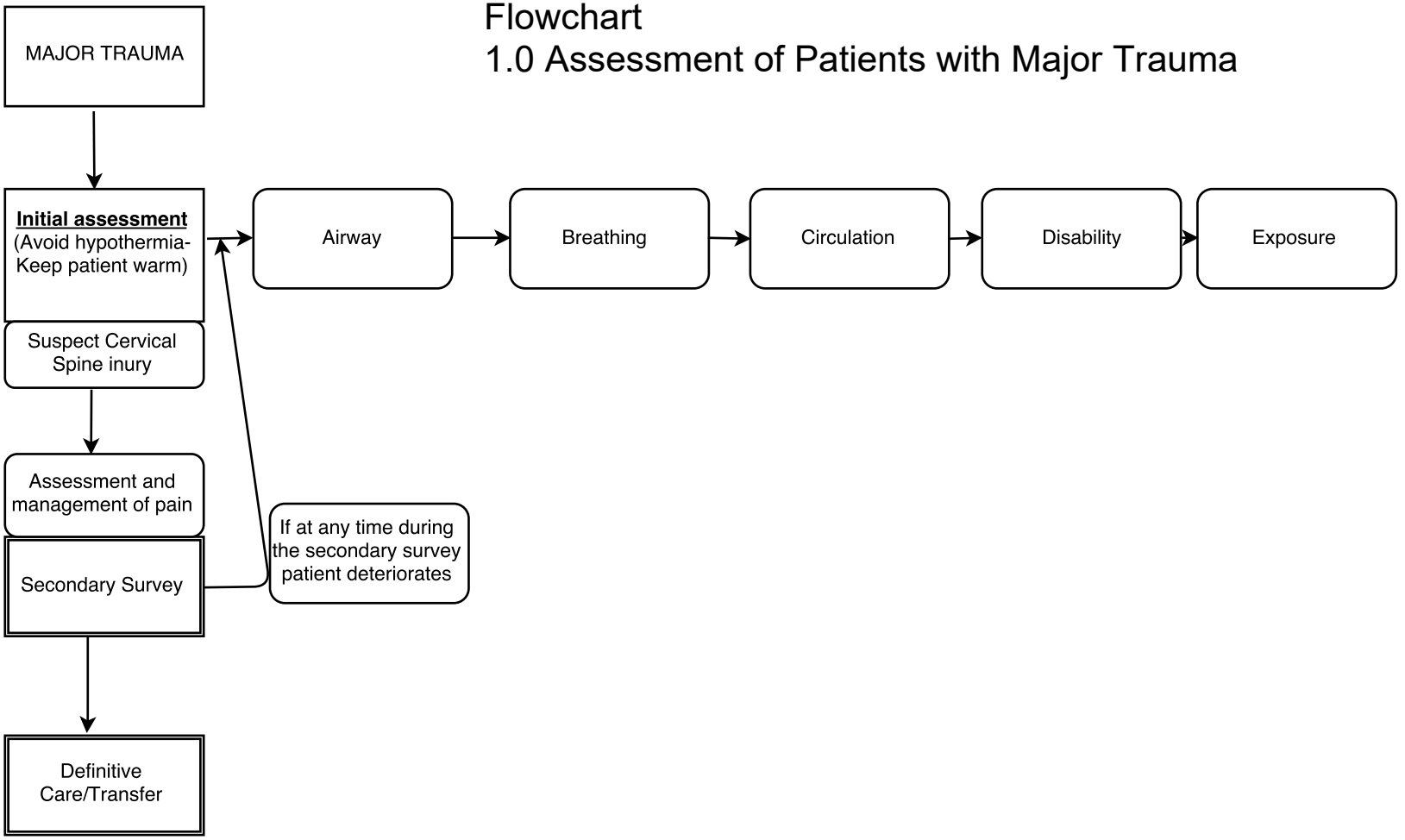
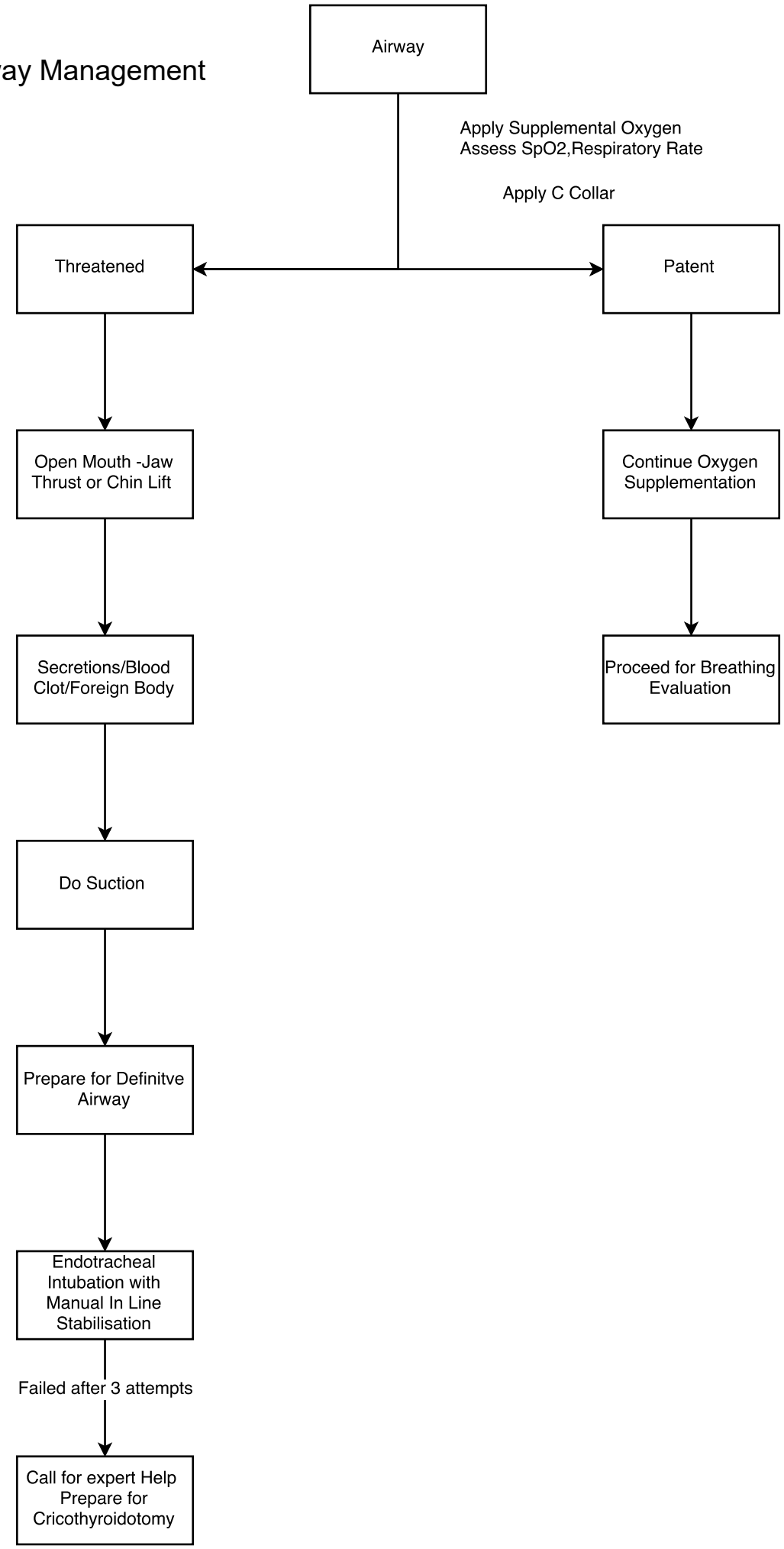
Flowchart
1.0 Assessment of Patients with Major Trauma

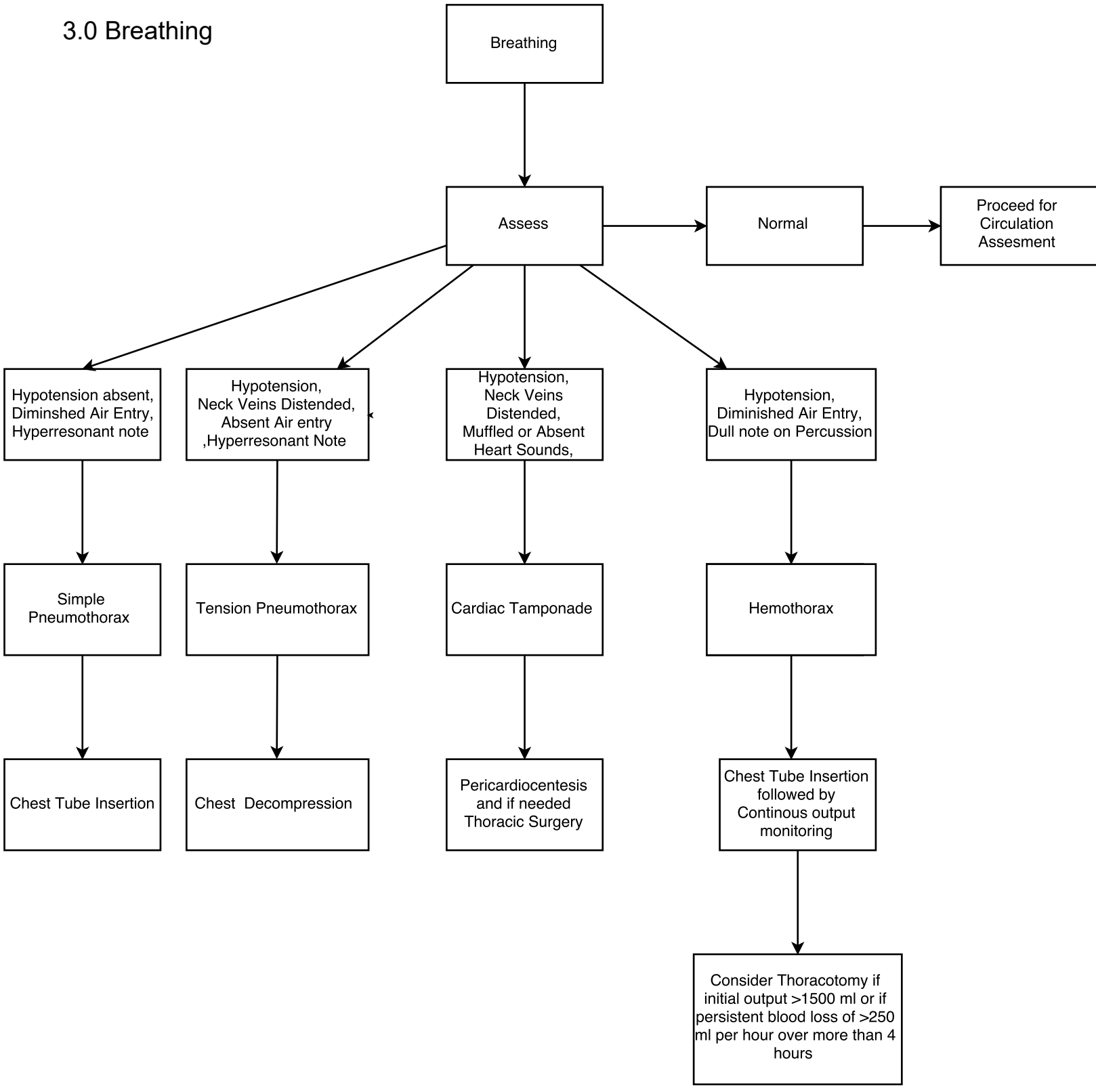


Stepwise approach in assessing a trauma patient

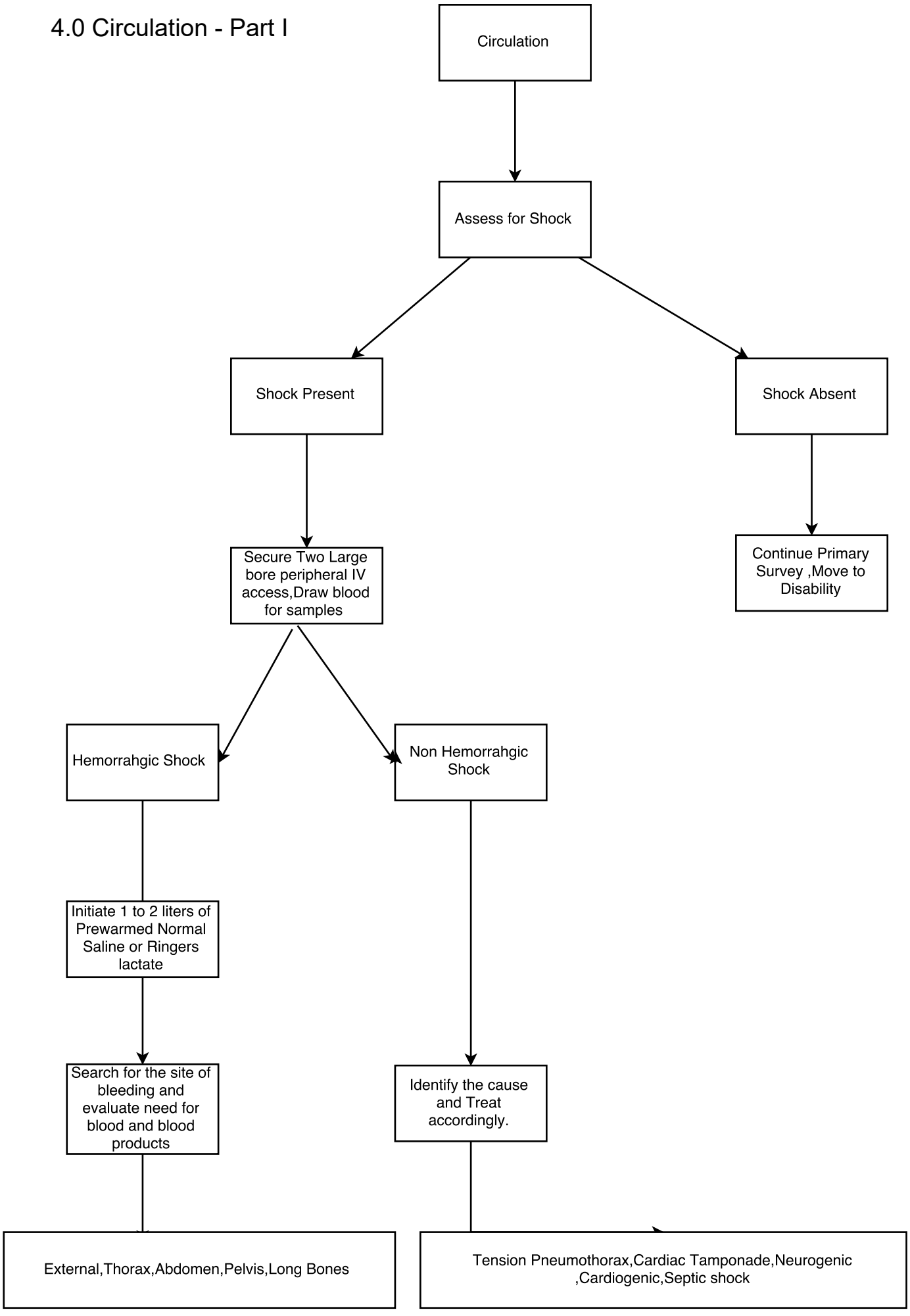
2.0 Airway Management



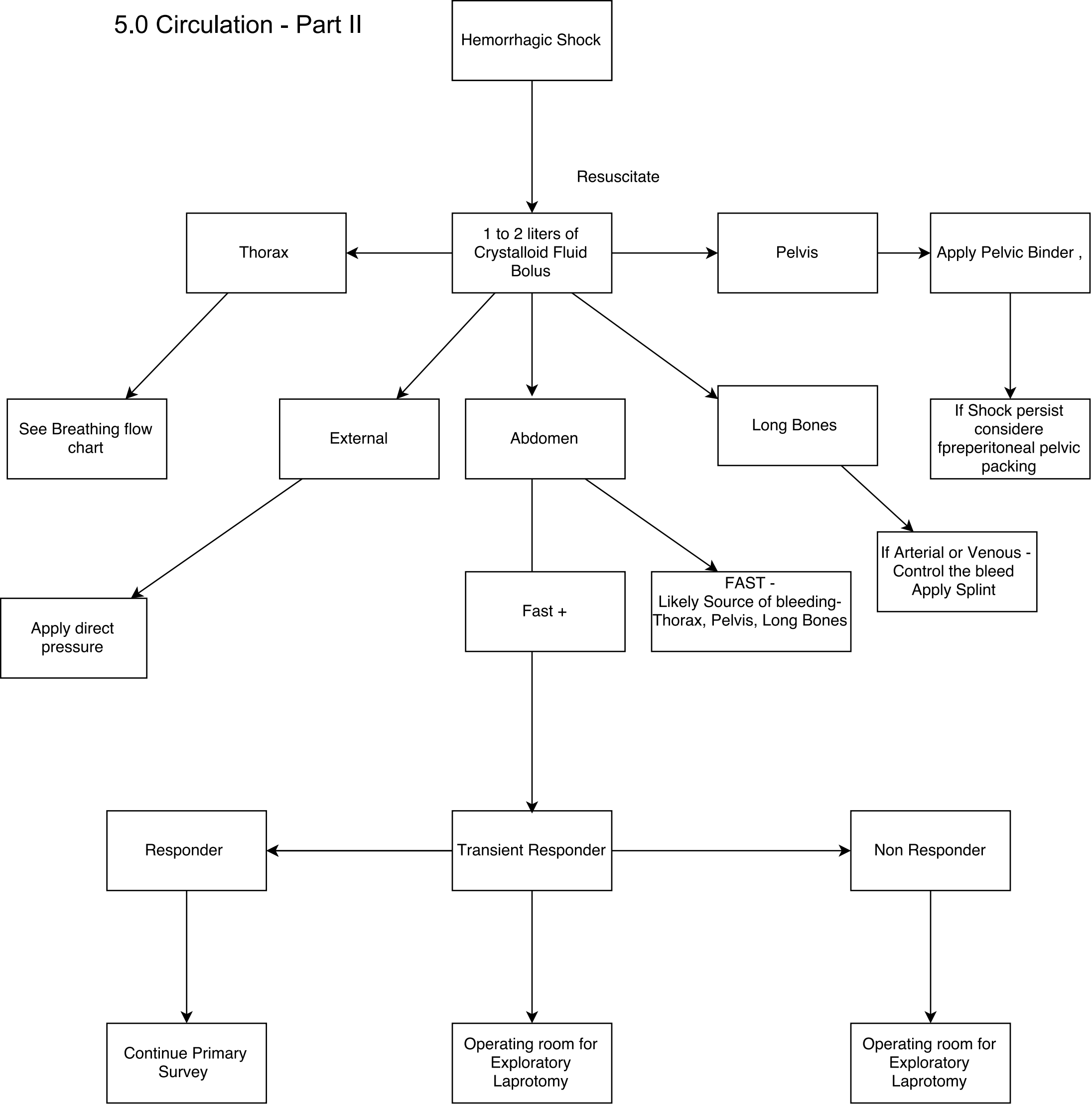
3.0 Breathing



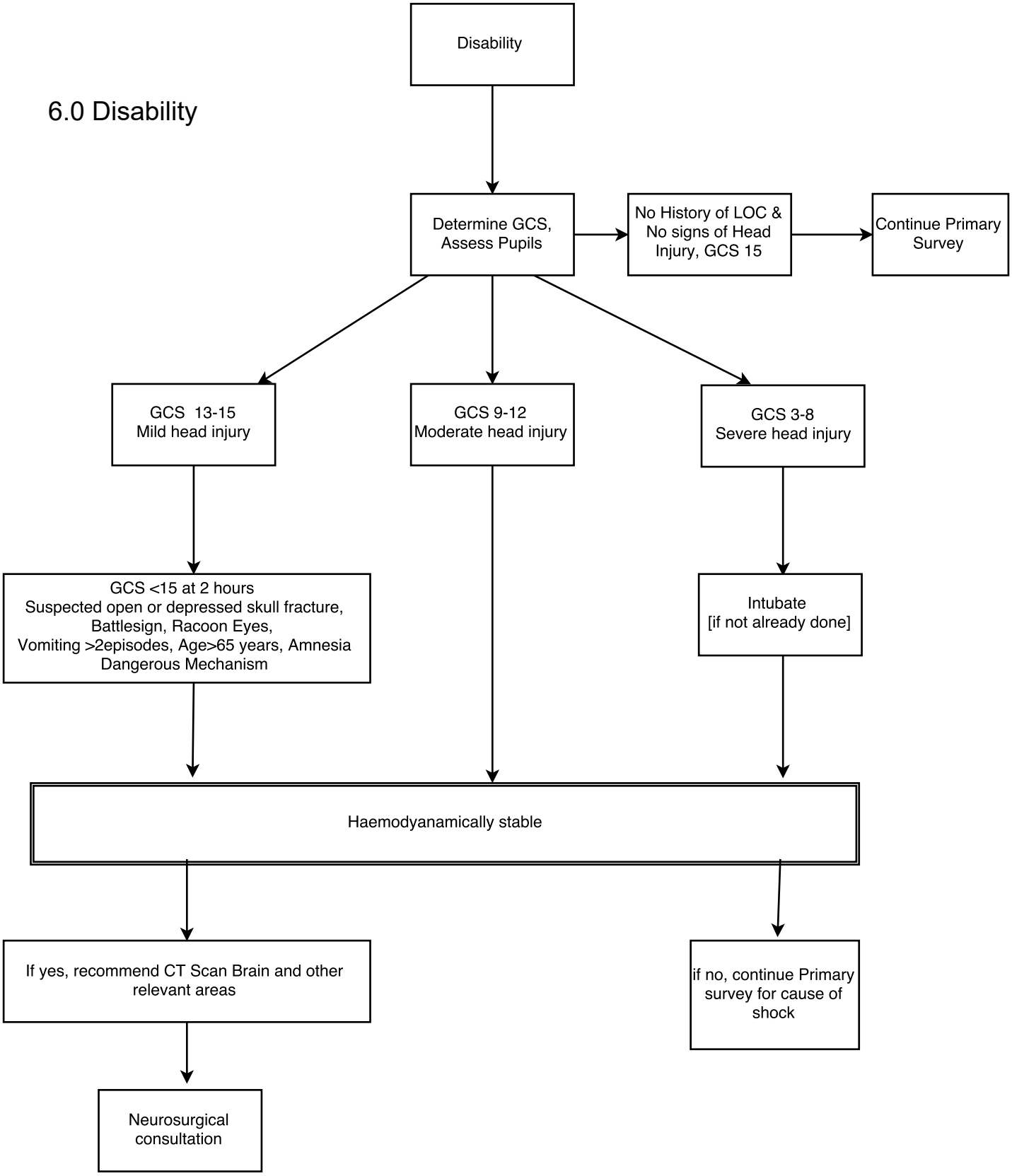
4.0 Circulation - Part I



5.0 Circulation - Part II



6.0 Disability



MASSIVE TRANSFUSION PROTOCOL

Criteria to activate:

1) Actual /Anticipated 4 units RBC in <4 hours + hemodynamically unstable+/- anticipated ongoing bleeding
2) Severe thoracic,abdominal ,pelvic or multiple long bone trauma

Trauma team leader determines if the patient meets the criteria for MTP activation

Baselines investigations sent:

Full blood count (Hb, hemaocrit and platelets) PT/INR, APTT (if available), (Fibrinogen if available), Creatinine, Calcium, Arterial Blood gases (if available)

Activate MTP:

Notify the Blood bank /transfusion laboratory, Haematologist /Blood bank in charge, Surgeon, Operation theatres, Anaesthetists, Radiologist, Concerned nursing staff, ward boys services to ensure collaboration

Trauma team requests for the fixed dose ratio of plasma (FFP) :platelets :Red blood cells (1:1:1) i.e.. 4 units of each

Correct hypothermia/ keep patient warm
Surgical measures to stop bleeding

Repeat Full blood count, Coagulation profile and Arterial blood gases if available (usually in 30-60min)

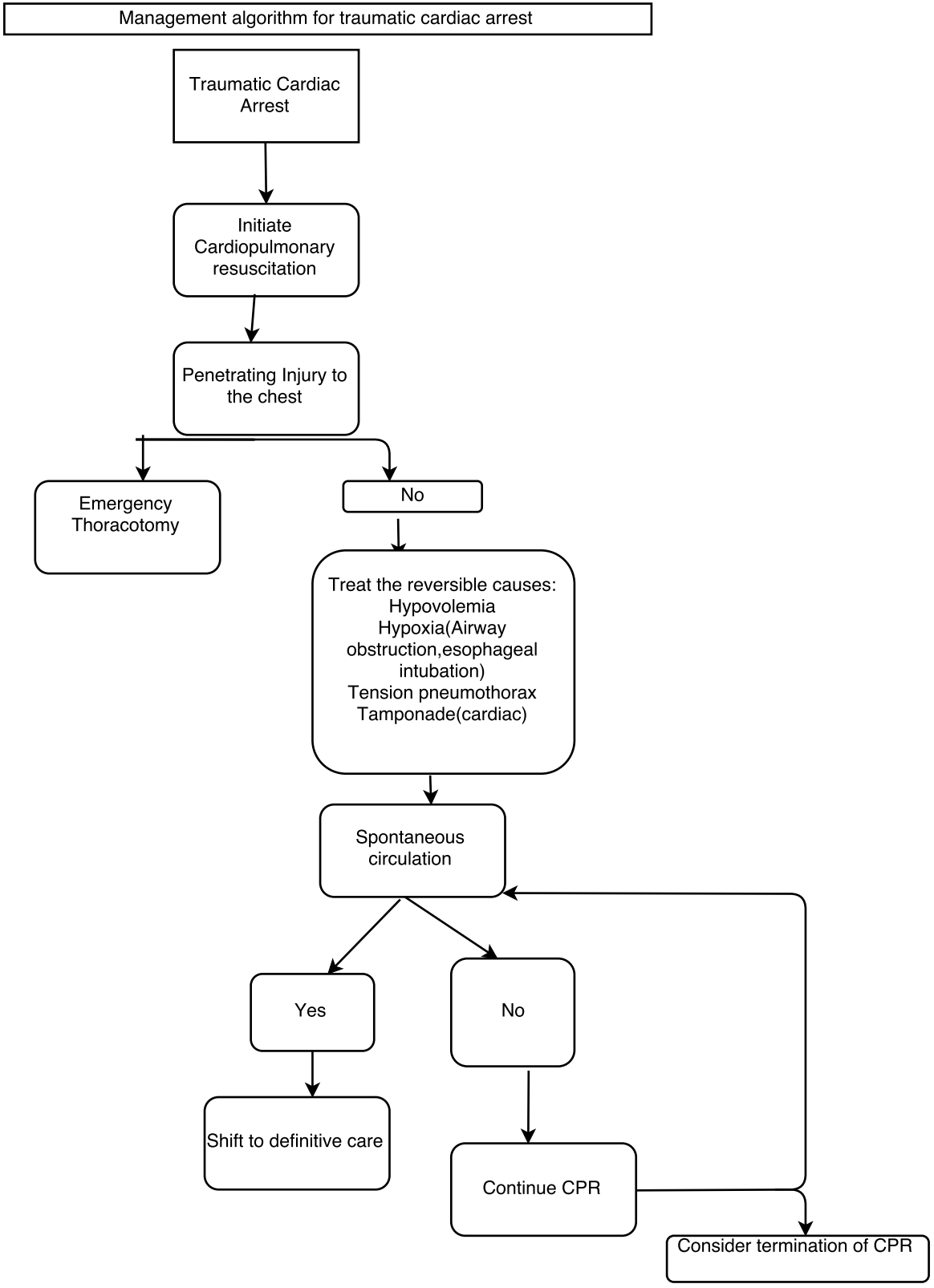
Bleeding Controlled

YES

NO

Notify to cease MTP protocol

Transfusion guided by the laboratory coagulation results


Management algorithm for traumatic cardiac arrest
Traumatic Cardiac Arrest
Initiate Cardiopulmonary resuscitation
Penetrating Injury to the chest
Emergency Thoracotomy
No
Treat the reversible causes:
Hypovolemia
Hypoxia(Airway obstruction,esophageal intubation)
Tension pneumothorax
Tamponade(cardiac)
Spontaneous circulation
Yes
No
Shift to definitive care
Continue CPR
Consider termination of CPR