Hemorrhage control in severely injured patients: Sathit Kurathong
30 2013 13:11

Hemorrhage control in severely injured patients
Gruen RI, Brohi K, Schreiber M, Balogh ZJ, Pitt V, Narayan M, Maier RV.
Lancet 2012; 380:1099-1108

1. Microcirculation dysfunction hemorrhagic shock inflammation cytokines oxidants secondary organ failure human genome expression

2. Control of bleeding cytokines inflammatory response operative procedures interventions wound compression topical hemostatic agents embolisation

3. Coagulopathy

3.1 Trauma-induced coagulopathy organ failure length of stay acute traumatic coagulopathy protein-C pathway PRC crystalloid/collod solution acidemia hypothermia trauma-induced coagulopathy

3.2 Blood component therapy high-dose transfusion PRC, FFP, cryoprecipitates platelet concentrates severe trauma blood components freeze-dried lyophilized plasma

3.3 Systemic treatments recombinant factor VIIa trauma blood components fibrinogen concentrates, prothrombin complex concentrates tranexamic acid trauma
Hemorrhage control in severely injured patients: 4. Maintenance of critical perfusion in trauma guidelines fluid resuscitation tissue hypoperfusion fluid dilutional coagulopathy, cardiac dysfunction, inflammation, abdominal compartment syndrome organ failure fluid plasma

5. Maintenance of critical perfusion antioxidant massive dose vitamin C mortality burn injuries

References


3. ???????????? trigger trauma-induced coagulopathy ??????

?. Hypothermia

?. Acidemia

?. NSS resuscitation

?. Colloid resuscitation

?. Tranexamic acid

????  ???  .