TITLE: DAMAGE CONTROL RESUSCITATION

PURPOSE:

The purpose of this policy is to provide a systematic approach to the initial assessment of the trauma patient, identify all injuries and the appropriate interventions for the primary survey and to provide nursing assessment associated with a head-to-toe survey. Trauma patients shall be resuscitated according to the standard guidelines and using evidence based practices. This policy summarizes the trauma resuscitation process outlined in the Trauma Nurse Core Curriculum course.

PROCESS:

I. Damage Control Resuscitation
   A. Permissive hypotension - only keep systolic blood pressure ≥90 mmHg or MAP > 50 mmHg until surgical control of bleeding has been obtained. (Don’t “pop the clot”)
   B. Minimize crystalloid and colloid administration.
   C. Resuscitate with 1:1:1 ratio of RBCs:FFP:platelets – give FFP and platelets as soon as available (do not wait until 6 units of PRBCs have been transfused to administer pool of platelets). See Massive Transfusion Protocol T3 and Emergency Blood Transfusion E7.
   D. Pediatric blood product administration:
      1. 20mg/kg aliquots
   E. Thromboelastography (TEG) – Once TEG results are available, TEG may be utilized to guide resuscitation in lieu of 1:1:1 ratio.
   F. Maintain normothermia
      1. Rapidly identify source of bleeding and definitively control the hemorrhage.
### Guidelines and Protocols

**REFERENCE / BIBLIOGRAPHY:**

**OFFICE OF PRIMARY RESPONSIBILITY:**

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

### REVIEW / REVISION HISTORY

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