



Trauma Society of South Africa Protocol

DAMAGE CONTROL: Decision Making & Basic Principles

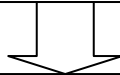
HIGH INDEX OF SUSPICION

Multiple major life threatening trauma
Haemodynamic instability despite attempts at resuscitation
Polytrauma with lactate >5, BE worse than -6, Temperature <35°C
Massive transfusion requirements in trauma patients
Worsening coagulopathy despite resuscitation



EMERGENCY ROOM PRIORITIES

Establish and maintain airway
Establish good venous access
Organize blood products (Damage Control Resuscitation)
Urgent transfer to theatre, do not delay with investigations



THEATRE PRINCIPLES

STOP bleeding (most compelling source first): pack, ligate, shunt etc
STOP contamination: clip and drop bowel, ligate ends, temporary closure
Temporary stabilization of bones: Ex fix, POP slabs, Sheet for pelvis, Traction
Continue with fluid resus: massive transfusion protocol, warm fluids
Temporary cover of abdominal and chest wounds



ICU CARE

Monitor for the endpoints of resuscitation
Continue fluid resus, watch for Abdominal compartment syndrome
Continue prevention of hypothermia and warming the patient
Get clotting screen/ Hb/ Platelets/ electrolytes to guide resus
Watch for ongoing bleeding despite above care: Relook on demand/
Angioembolization



FURTHER SURGICAL CARE

Relook once stabilized (planned relook)
Removal of packs, re-establish bowel continuity, complete the surgery, ? stomas
?Delayed primary closure
?open abdomen management (with delayed abdominoplasty months later)