

Managing

HAEMORRHAGE

High Risk of Haemorrhage

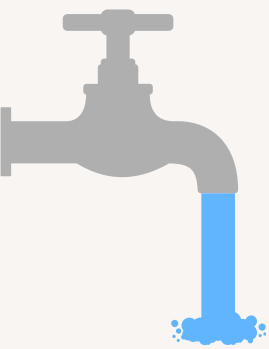
Go time: don your PPE, have blood and infusion devices on standby

SEEING RED: THE HATEFUL EIGHT8 Signs of Exsanguinating Haemorrhage

1. **Pale**
2. **Clammy**
3. **Air Hunger**
4. **Venous Collapse**
5. **Hypotension**/low volume peripheral pulses
6. **Low/falling etCO₂**
7. **Tachy/bradycardia**
8. **Altered Mentation**

Assess shock index

TURN OFF THE TAP



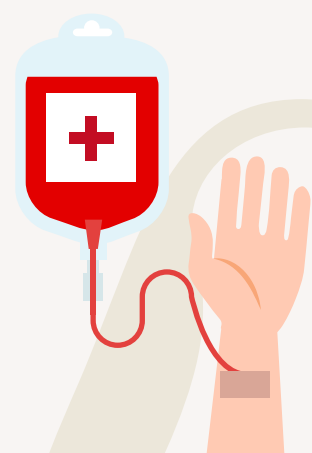
Examination/eFAST: Identify sources of bleeding and **intervene** - tourniquets, dressings, reducing fractures, stitching wounds

The **Floor and 4 More**: chest, abdomen, pelvis, bone

GIVE AND TAKE

Haemostatic Resus

- **Blood** for blood
 - Permissive hypotension
 - ROTEM guided (ability to clot)/MTP
- TXA
- Reverse Anticoagulation
 - PTCC, Idarucizumab/Andexanet alfa, DDAVP, Protamine



VBG: pH, base excess, lactate

FBC, Coag

Comprehensive Metabolic Panel

- Gluc, Ca, Na, K, CO₂, Cl⁻, Alb, T prot, LFTs, U&E

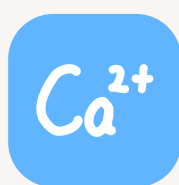
Crossmatch, fibrinogen



CAREFUL CLOTTING



Optimise
Temperature:
>35 Celsius



Ionised Calcium
>1.1(VBG)



Minimise
Unnecessary
Handling

Check in: Serial Assessments are essential