

European guideline on managing post-traumatic bleeding: 5th edition



An updated guideline on the management of significant bleeding and coagulopathy following major trauma has been released by the pan-European, multidisciplinary Task Force for Advanced Bleeding Care in Trauma. The document, published in the journal Critical Care, includes recommendations intended to guide the management of patients during the early phase of hospital care following traumatic injury.

It should be noted, however, that some of the recommendations and principles discussed in the document may also apply to the pre-hospital setting. Specific examples include the use of tourniquets and the first administration of tranexamic acid (TXA) at the site of injury.

"A multidisciplinary approach and adherence to evidence-based guidance are key to improving patient outcomes. If incorporated into local practice, these clinical practice guidelines have the potential to ensure a uniform standard of care across Europe and beyond and better outcomes for the severely bleeding trauma patient," according to the author group, consisted of representatives from six relevant European professional societies.

Severe trauma is a major global public health issue resulting in the annual worldwide death of more than 5.8 million people. The appropriate management of trauma patients with massive bleeding and coagulopathy remains a major challenge in routine clinical practice.

In this fifth version, the overall organisation of the guideline has been revised to better reflect the decision-making process along the patient pathway and group recommendations behind the rationale for key decision points.

The latest guideline has nine separate chapters, organised in approximate temporal sequence. These chapters are now patient- or problem-oriented rather than related to treatment modalities, the authors explain. In particular, the former chapter on further resuscitation measures has now been reorganised into three separate chapters (chapters VI, VII, VIII).

Key principles discussed in the guidance document include:

- Traumatically injured patients should be transported quickly and treated by a specialised trauma centre whenever possible.
- Measures to monitor and support coagulation should be initiated as early as possible and used to guide a goal-directed treatment strategy.
- A damage-control approach to surgical intervention should guide patient management.
- Coagulation support and thromboprophylactic strategies should consider trauma patients who have been pre-treated with anticoagulants or platelet inhibitors.

While these recommendations provide guidance for the diagnosis and treatment of major bleeding and coagulopathy, emerging evidence supports the author group's belief that the greatest outcome improvement can be achieved through education and the establishment of and adherence to local clinical management algorithms.

Source: [Critical Care](#)

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Published on : Tue, 2 Apr 2019