

## European Guidelines: Management of Bleeding, Coagulopathy Following Trauma



According to the Global Burden of Diseases, Injuries, and Risk Factors Study, trauma accounted for 8% of total deaths annually. Among adolescents aged 10-24 years, road injuries, self-harm, and interpersonal violence are the top causes of disability-adjusted life-years, and road injuries are ranked first in the 25-49 year age group. Post-traumatic bleeding and associated traumatic coagulopathy remain leading causes of potentially preventable multi-organ failure and death if not diagnosed and managed appropriately and timely.

About one-third of patients who have experienced severe trauma arrive at the hospital in a coagulopathic state. A systematic diagnostic and therapeutic approach can reduce the number of preventable deaths from traumatic injury.

The management of post-traumatic bleeding is a major challenge for healthcare systems worldwide, as traumatic coagulopathy and associated bleeding remain the leading causes of preventable multi-organ failure and death.

The sixth edition of the European guidelines provides recommendations for clinicians caring for bleeding trauma patients during the initial diagnostic and therapeutic phases of patient management.

The Task Force for Advanced Bleeding Care in Trauma, consisting of representatives from six European professional societies, assessed and updated the previous version of the guideline using a structured, evidence-based consensus approach. Literature searches were conducted since the last edition, citing only the highest-quality studies and most relevant literature, reflecting the trend towards concise guideline documents.

The guideline consists of 39 clinical practice recommendations that follow a temporal path for managing bleeding trauma patients, grouped behind key decision points. With nearly one-third of severe trauma patients arriving at the hospital in a coagulopathic state, a systematic diagnostic and therapeutic approach can reduce the number of preventable deaths from traumatic injury.

The key messages of the new guidelines include the following:

- The immediate detection and management of traumatic coagulopathy can improve the outcomes of severely injured patients.
- The guideline follows the management of severe trauma patients chronologically, focusing on preventing possible exsanguination.
- The structured recommendations in the guideline support measures that prioritise the optimisation of resources for bleeding control based on scientific evidence.
- Empirical management should not be implemented unless no method of monitoring bleeding and coagulation is available.
- The optimal organisation of the resuscitation team for bleeding trauma patients includes implementing these guidelines.

Source: [Critical Care](#)

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