

## DOES MY PATIENT NEED BLOOD PRODUCTS?

- Get cross-matched blood for patients who are rapid responders
- Get type-matched blood for transient responders
- Get O-Negative blood for exsanguinating non-responders

*Brain-injured patients will have worse coagulopathy because the dying brain releases tissue thromboplastin, which activates the extrinsic pathway and causes consumption coagulopathy*

### COAGULOPATHY:

- Severe injury = **consumption of coagulation factors**
- Massive transfusion of packed cells and crystalloid = **dilution of coagulation factors**
- Thus, you monitor their coags, fibrinogen and platelet count.
  - o Coags / fibrinogen becoming abnormal = Fresh Frozen Plasma or cryoprecipitate
  - o Platelets being depleted = platelet transfusion

## THINGS TO THINK ABOUT

- **Don't mistake blood pressure for a measure of cardiac output.** It doesn't say anything about tissue perfusion.
- **Elderly patients won't get tachycardic.** CVP monitoring is best for these people
- **Patients with pacemakers won't get tachycardic** and CVP monitoring is the best way to monitor how well you have filled them with fluids
- **Athletes will compensate for blood loss in a remarkable way**, and then crash horribly. Usual responses to hypovolemia may be absent until it's too late.
- **Pregnant women are hypervolemic** and will not manifest hemodynamic changes until they lose a hugely dangerous amount of blood.
- **HYPOTHERMIA cause coagulopathy and prevents normal responses to resuscitation** so warm the patient and warm their fluids