

APLS: P-TRAUMATIC

т	Tranexamic acid	If not administered already 15 mg/kg bolus (max 1 g), followed by graphy graph
R	Resuscitation	Activate MHP and consider: Rapid infuser Cell salvage Normotensive resuscitation (unless post pubertal) Pelvic binder/splint fractures/tourniquet Limit crystalloid and colloid use
A	Avoid hypothermia	Target temperature over 36 degrees Celsius Remove wet clothing and sheets Warm fluids Warming blanket/mattress/external warmer
U	Unstable? Damage control surgery	If unstable, coagulopathic, hypothermic or acidotic, consider damage control surgery Aim surgery time less than 90 minutes Haemorrhage control, decompression, decontamination and splintage
М	Metabolic	Avoid acidosis Base excess guides resuscitation If lactate more than 5 mmol/litre or rising, consider stopping surgery, splint and transfer to PCCU Monitor blood glucose
Α	Avoid vasoconstrictors	Inappropriate use of vasoconstrictors doubles mortality However, use may be required in cases of spinal cord or traumatic brain injury
т	Test clotting	Consider TEG® (thromboelastographic)/ROTEM® Check clotting every 15 ml PRBC/kg body weight Aim platelets over 75 x 10/litre Aim INR & aPTTR less than or equal to 1.5 Alm fibrinogen more than 1.5 g/litre
ı	Imaging	Consider: Local guidelines for paediatric trauma Does this child need imaging at all? If imaging is required which anatomical area(s) need to be covered?
С	Calcium gluconate	Maintain ionised calcium more than 1.0 mmol/litre Administer 0.2 ml/kg 10% calcium gluconate over 10 minutes as required Give calcium routinely after MHP pack one