TRAUMA SOCIETY OF SOUTH AFRICA

PROTOCOL
DAMAGE CONTROL DECISIONS / PRINCIPLES

DAMAGE CONTROL
- Decision Making & Basic Principles

HIGH INDEX OF SUSPICION
Multiple major life threatening trauma
Haemodynamic instability despite attempts at resuscitation
Polytrauma with lactate >5, BE worse than -6, Temperature <35°C
Massive transfusion requirements in trauma patients
Worsening coagulopathy despite resuscitation

EMERGENCY ROOM PRIORITIES
Establish and maintain airway
Establish good venous access
Organise blood products (Damage Control Resuscitation)
Urgent transfer to theatre, do not delay with investigations

THEATRE PRINCIPLES
STOP bleeding (most compelling source first): pack, ligate, shunt etc.
STOP contamination: clip and drop bowel, ligate ends, temporary closure
Temporary stabilization of bones: Ex fix, POP slabs, Sheet for pelvis, Traction
Continue with fluid resus: massive transfusion protocol, warm fluids
Temporary cover of abdominal and chest wounds

ICU CARE
Monitor for the endpoints of resuscitation
Continue fluid resus, watch for Abdominal Compartment Syndrome
Continue prevention of hyperthermia and warming the patient
Get clotting screen / Hb / Platelets / electrolytes guide resus
Watch for ongoing bleeding despite above care: relook on demand / Angioembolization

FURTHER SURGICAL CARE
Relook once stabilized (planned relook)
Removal of packs, re-establish bowel continuity, complete the surgery, stomas?
Delayed primary closure
Open abdomen management (with delayed abdominoplasty months later)