



Quick Reference Guide



Use this to understand the latest **guidance and actions** for **Damage Control Resuscitation**.

Guidance

Actions

Triage / Rapid Assessment

Reduce mortality due to hemorrhage, rapidly recognize the need for early DCR and initiate early hemorrhage control and blood transfusion as close to time-of-injury as possible.

Maintain a target Systolic Blood Pressure (SBP) for DCR at 100 mmHg (100-110mmHg if TBI is presumed) when resuscitating with blood products.

Hemorrhage Control

Stop or reduce hemorrhage as close to time-of-injury as possible.

Apply:

- tourniquets,
- pressure bandages, and
- hemostatic dressings.

Use **Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) as an option** to control non-compressible torso hemorrhage. Assist with REBOA if assigned to a designated resuscitation team.

Resuscitation

Treat and reverse hemorrhagic shock, provide warm whole blood as close to the time of injury as possible.

Administer DCR fluid of choice: Low Titer O Whole Blood (LTOWB).

If LTOWB is unavailable, administer pre-hospital DCR fluids from most to least preferred:

1. Plasma, platelets, and red blood cells (RBCs) in a 1:1:1 ratio
2. Plasma and RBCs in a 1:1 ratio
3. Plasma or RBCs alone

Medication Administration

Prevent hypocalcemia related to massive transfusion, monitor ionized calcium and administer calcium early.

Give IV/IO calcium during or immediately after first unit of blood to all hemorrhagic shock patients, then after every four units.

DISCONTINUE USE for DCR:

- Hydroxyethyl starch (Hextend, Hespan)
- Recombinant human activated factor VII (rhFVIIa)

