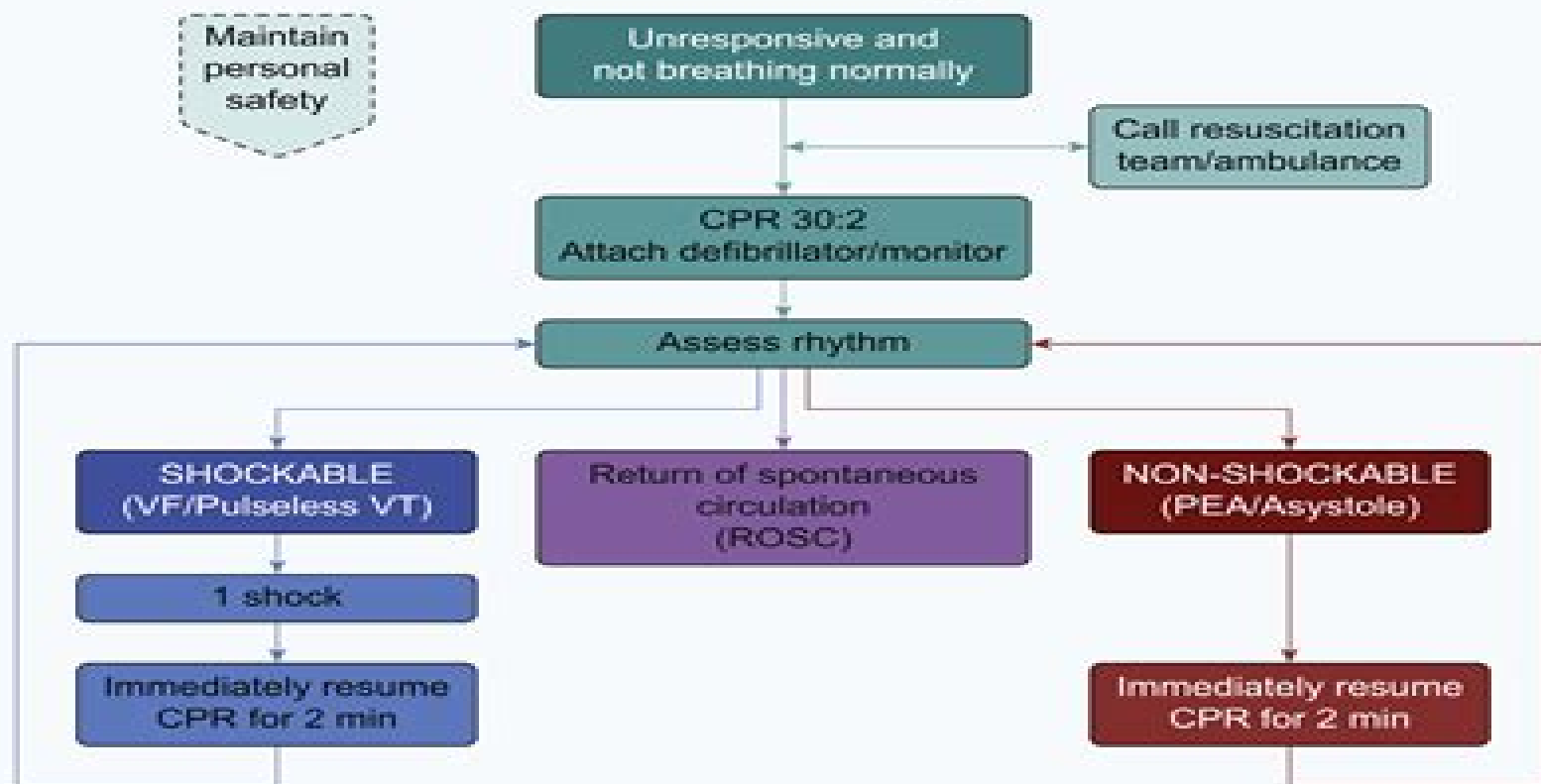




Adult advanced life support



Give high-quality chest compressions, and:

- Give oxygen
- Use waveform capnography
- Continuous compressions if advanced airway
- Minimise interruptions to compressions
- Intravenous or intraosseous access
- Give adrenaline every 3–5 min
- Give amiodarone after 3 shocks
- Identify and treat reversible causes

Identify and treat reversible causes

- Hypoxia
 - Hypovolaemia
 - Hypo-/hyperkalaemia/metabolic
 - Hypo/hyperthermia
 - Thrombosis – coronary or pulmonary
 - Tension pneumothorax
 - Tamponade – cardiac
 - Toxins
- Consider ultrasound imaging to identify reversible causes

Consider

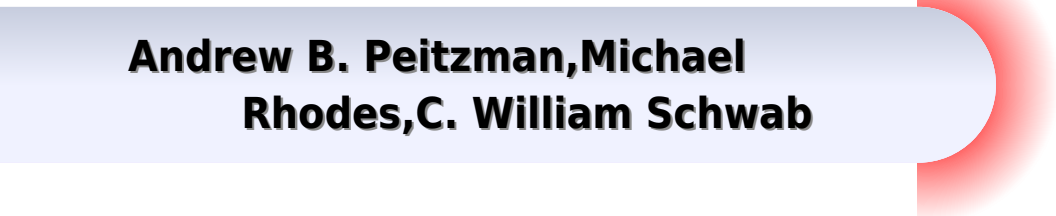
- Coronary angiography/percutaneous coronary intervention
- Mechanical chest compressions to facilitate transfer/treatment
- Extracorporeal CPR

After ROSC

- Use an ABCDE approach
- Aim for SpO₂ of 94–98% and normal PaCO₂
- 12-lead ECG
- Identify and treat cause
- Targeted temperature management

Trauma Resuscitation Guidelines

**Andrew B. Peitzman, Michael
Rhodes, C. William Schwab**



Trauma Resuscitation Guidelines:

Joint Trauma System (JTS) Clinical Practice Guidelines , Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link [CPG Development Process](#) This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process **COMPLETE LIST OF CURRENT JTS CPGs** JTS CPG Documentation Process 01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012 [2018 Joint Trauma System \(JTS\) Clinical Practice Guidelines \(CPGs\) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners](#) ,2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs

Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS The Joint Trauma System JTS is the Department of Defense DoD authority for the military s trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWoT when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint Trauma System JTS

JRCALC Clinical Guidelines 2019 Association of Ambulance Chief Executives, Joint Royal Colleges Ambulance Liaison Committee, 2019-08-05 The Joint Royal Colleges Ambulance Liaison Committee guidelines are the essential resource for paramedics The 2019 edition of the book has been brought up to date with the latest evidence and developments in clinical practice JRCALC combines expert advice with practical guidance to help paramedics in their challenging roles with the overall objective of improving patient care Key updates are Resuscitation and cardiac arrest The pathophysiology of cardiac arrest checklist use and pulseless electrical activity is discussed extensively within the context of every day out of hospital practice A new guideline on tracheostomy and laryngectomy is included alongside clinical skills

photographs Consent and patient confidentiality The guideline is brought up to date with the Data Protection Act 2018 following the General Data Protection Regulations Mental health presentation crisis distress and disordered behaviour A reviewed guideline supports the clinician with practical help on the assessment and management of different mental health illnesses Major complex and high risk Incidents A revision by the National Ambulance Resilience Unit covers poisons rail incidents and police incapacitants New medicines are included Activated charcoal duodote and morphine sulfate for end of life care Other reviews and updates include head injury hyperventilation syndrome stroke respiratory illness in children and acute coronary syndrome

The Trauma Manual Andrew B. Peitzman, Michael Rhodes, C. William Schwab, 2008 The thoroughly updated Third Edition of this popular and widely used pocket reference guides the trauma team through every aspect of patient care after injury and before during and after acute care surgery from prehospital care to resuscitation treatment of specific organ injuries priorities in intensive care and management of special situations Designed for rapid on the spot information retrieval this manual will be a staple reference in emergency departments and trauma centers Flow charts algorithms sequential lists and tables throughout facilitate quick clinical decision making More than 200 illustrations demonstrate specific injuries and procedures Appendices include organ injury scales tetanus prophylaxis recommendations and frequently used forms

JRCALC Clinical Guidelines 2025 Reference Edition Joint Royal Colleges Ambulance Liaison Committee, Association of Ambulance Chief Executives, 2025-08-26 The Joint Royal Colleges Ambulance Liaison Committee Clinical Guidelines are the essential clinical guideline resource for paramedics The guidelines are written specifically for ambulance service paramedics combining evidence based practice with expert advice and practical guidance They provide a comprehensive overview of the many clinical conditions paramedics care for and support them in providing excellent patient care This 2025 edition has been updated with the latest evidence and developments in clinical practice Key reviews have taken place on guidelines within the Maternity section as well as updates to Medical guidelines such as Seizures in Adults and Children and Pain Management Medicine guidelines have been removed but are available on the iCPG and JRCALC Plus apps where they are regularly updated to ensure that the most up to date guidance is available to clinicians when providing direct patient care The JRCALC Clinical Guidelines 2025 now contains crucial guidance on topics including Behavioural Emergencies Clinical Considerations in Relation to Diversity and Equality Conditions Requiring Specific Prehospital Clinical Management Drowning Overdose and Poisoning Seizures

Trauma Operative Procedures G. Berlot, H. Delooz, A. Gullo, 2012-12-06 Trauma has assumed a prominent role in contemporary medicine as an event that can significantly influence clinical variables such as morbidity functional deficits and consequential disability and mortality Trauma is the principal cause of death in the population below 40 years of age in industrialized countries Therefore there is great interest in studying traumatic events from both the clinical and epidemiological viewpoints The importance of trauma is exemplified by the fact that in many countries the trauma patient is first treated in specialized trauma centers in which the

diagnostic and treatment processes are facilitated by the 24 hour presence of personnel having interdisciplinary competencies Trauma in this context consists of any acute often unexpected condition Many of the medical difficulties associated with trauma occur in a relatively brief period that spans from the first call for help to the initiation of first aid measures A correct approach depends on the availability of experienced personnel The first measures of aid must guarantee above all the patient s survival The most critical initial phases of care to trauma patients are represented by the triad first aid triage and transport Specific morbidity indices whether anatomical functional or mixed are indispensable elements for monitoring a patient s clinical evolution The immediate availability of essential drugs is imperative to confront the clinical situations that often present in the acute post traumatic phase

Hematologic Challenges in the Critically Ill Aryeh Shander,Howard L. Corwin,2018-10-29 This volume provides a comprehensive overview of hematologic issues that clinicians regularly encounter in the critical care environment The text features hematologic scenarios that affect the adult ICU patient outlines pathogenesis and challenges associated with the hematologic disorder and offers treatment modalities Hematologic issues covered include anemia hemostatic abnormalities and risks of transfusion The book also details challenges in specific ICU populations such as patients afflicted with liver disease brain injury sepsis cardiovascular disease malignancy and trauma Written by experts in the field Hematologic Challenges in the Critically Ill is a valuable resource for clinicians in the critical care environment who treat critically ill patients afflicted with hematologic complications

The Junior Doctor Survival Guide - EPub3 Paul Watson,Joseph O'Brien,2017-05-04 Be punctual hard working and honest but most importantly be excellent Written by residents for interns and residents the Junior Doctor Survival Guide is a thorough focused summary of everything you need to know to get through your internship and residency relatively intact It provides advice on seeking help from your senior clinicians ensuring ethical practice and decision making conducting an efficient ward round and carrying out emergency assessments and includes a concise overview of the salient features of specialist medical and surgical care in both in and outpatient settings Covering both clinical and professional contexts this guide will support you to build your confidence in applying the principles you learned in medical school to the real world Scenario boxes how difficult conversations should be approached Common medications quick reference tables of common medications and dosages Clinical abbreviations and acronyms a comprehensive list of common abbreviations and acronyms used throughout clinical settings Full eBook on ExpertConsult

Manual of Definitive Surgical Trauma Care 3E Kenneth D Boffard,2011-08-26 Manual of Definitive Surgical Trauma Care is an essential manual for all trainee and qualified surgeons It covers every aspect of surgical trauma care Provides clear access to all necessary information from theory of injury through to individual organ system injury and resources such as injury scoring Provides clear surgical guidance on how to deal with major trauma Updated to incorporate all recent developments including massive transfusion and current surgical techniques of exposure and repair Contains hints tips and tricks while highlighting the pitfalls that can occur when dealing with major trauma A truly

global perspective based on the IATRIC approved DSTC course Manual of Definitive Surgical Trauma Care will give you the confidence to focus on life saving surgical techniques when faced with challenging and unfamiliar incidents of trauma. Written by the faculty who teach the DSTC Course developed for the International Association for Trauma Surgery and Intensive Care IATRIC it is ideal for all surgeons who deal with major surgical trauma on an infrequent basis. **Combat Anesthesia: The First 24 Hours** Peter F. Mahoney, 2017-07-26 Developed by UK and US anesthetists with extensive experience in theater this book describes the latest anesthesia techniques practices and equipment used in current combat and humanitarian operations. Includes chapters on topics such as injuries and physiology team members protocols vascular access airway management burns imaging pain management and medications regional anesthesia ventilation and postoperative management.

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Trauma Resuscitation Guidelines Introduction

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