Amniotic fluid embolism!

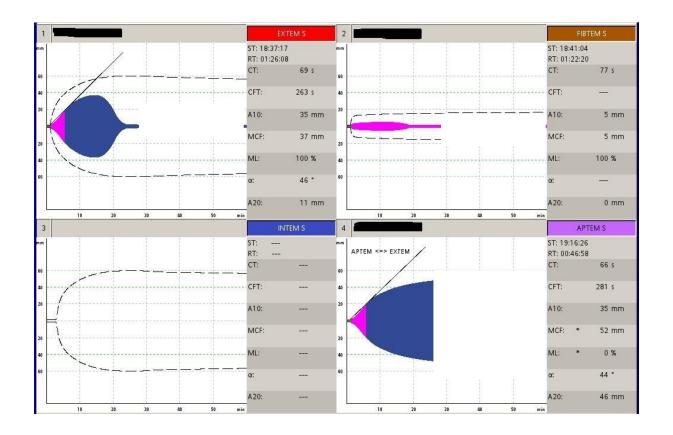
Disclaimer / Pre-amble

- These cases have been de-identified to protect the identity of the patient and the treating teams.
- These are all real cases and real ROTEMs. The individuals involved in these difficult cases have agreed to anonymously share these with us – thank you for your generosity.
- Successful management of the bleeding patient involves much more than just administration of blood products.
- The primary aim of these cases is to teach the use ROTEM guided blood product therapy. We have deliberately not included a lot of detail about some of the other aspects of management which might detract from this focus.

Case 3 (- 2012)

- 34 yr old woman code blue caesarean in theatre for fetal distress.
- Post delivery:
- Arrhythmia
- Respiratory distress and brief cardiac arrest
- Probable amniotic fluid embolism.
- Noted to be very oozy.
- ROTEM performed

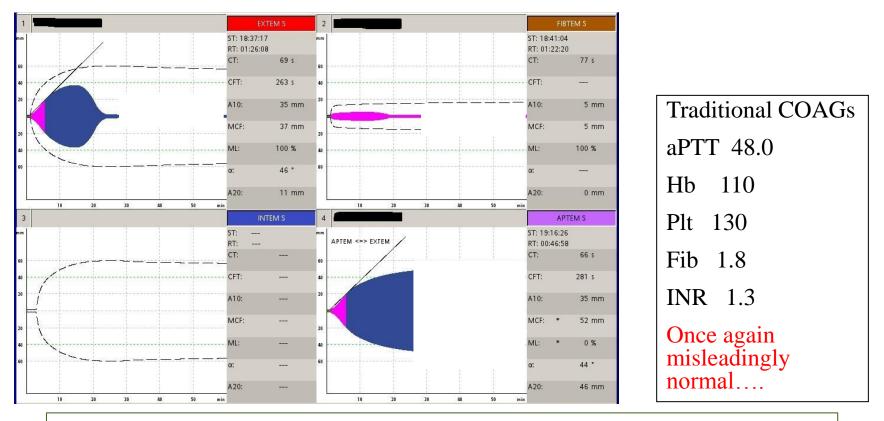
Case 3 (- 2012)



Traditional COAGs aPTT 48.0 Hb 110 Plt 130 Fib 1.8 INR 1.3

- What treatments / blood products will you now give (again follow the ROTEM algorithm)
- Can you use the fibtem to calculate the fibrinogen dose?

Case 3 (- 2012) - Comments

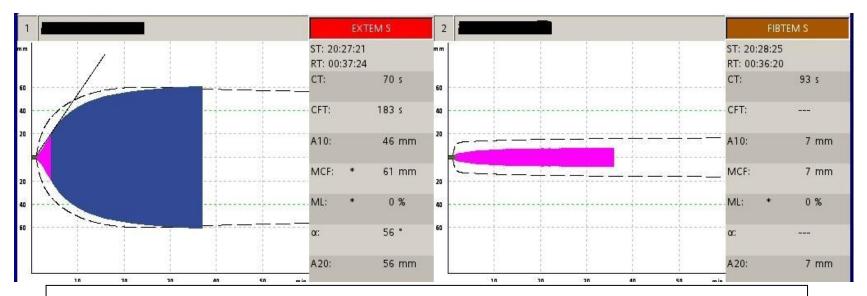


- The main abnormality is severe hyperfibrinolysis give TXA 1g
- Fibrinogen is probably also low how much is the fibrinolysis effecting the accuracy?

 It is probably worth doing another fibtem after the TXA to see whether the fibtem A5 is actually higher than the 5mm or so that it appears to be in this trace. It is not unreasonable to anticipate the need for at least 16-20 units of cryo (or 3-4g FC), if the bleeding is severe.

Case 3 (- 2012)

• Following Cryo 8 units & TXA 1g



** Cryo 8units has had only a small effect on the fibtem amplitude.

She has stopped bleeding so doesn't receive any more treatment.

Points to Ponder

1. Maybe we should just give tranexamic acid to <u>all</u> bleeding patients early?