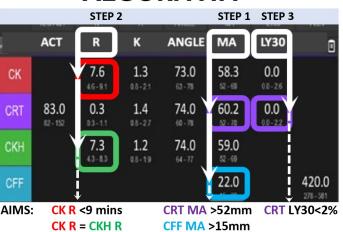
ALGORITHM





RECHECK TEG

- After products given
- If bleeding continues

PHYSIOLOGICAL TARGETS

T >36.0

pH >7.2

Hb >70 or higher as indicated

Ca >1.0

4-6g + TXA

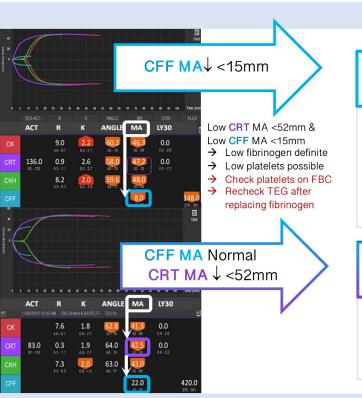
20

20 40

> CFF MA = Fibrin Only Normal 15-32 mm

> > 10 15 20 25

STEP 1: MA Result in ~10-15 mins



↓ FIBRINOGEN Often first to deplete

Cryoprecipitate OR Fibrinogen Conc

10u CFF MA <15mm 2g 20u <10mm 4g

< 5mm 20-30u + TXA

~5u cryo OR ~1g fib conc may raise CFF MA ~2mm

↓PLATELETS

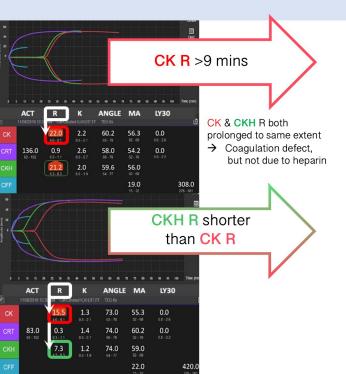
Deficit or Disorder (i.e. antiplatelet)

Pooled Platelets

1u CRT MA <50mm

<25mm 2u

STEP 2: R Result in ~10-15 mins



↓ COAG FACTORS

Deficit or Disorder (i.e. anticoagulant)

FFP

Prothrombinex

2-4u 25-50u/kg

HEPARIN EFFECT

Protamine

~1mg /100u heparin

OR as per local cardiac/bypass protocols

R = Reaction Time TIME taken for COAGULATION FACTORS to initiate clot formation 20 CK R = Coag Factors CKH R = Heparin Removed Normal 4.6-9.1 min

THEORY

FOUR TRACES CK – KAOLIN ACTIVATED

KAOLIN ALONE: traditional TEG trace showing

CRT - RAPID TEG

KAOLIN + TISSUE FACTOR: causes rapid clot formation

shortening R time. Fastest to show MA & LY30

CKH – HEPARINASE

KAOLIN + HEPARINASE: removes heparin effect. Otherwise comparable to CK trace.

CFF – FUNCTIONAL FIBRINOGEN

KAOLIN + PLATELET INHIBITOR: shows fibrinogens specific contribution to MA, by inhibiting platelets.

MA = Maximum Amplitude

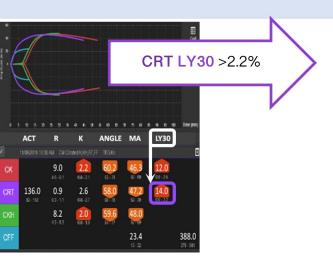
STRENGTH of clot formed by FIBRINOGEN crosslinking with PLATELETS

CRT MA = Fibrin + Plts

Normal 52-70mm

30

STEP 3: LY30 Result in ~40 -45 mins



HYPERFIBRINOLYSIS

Tranexamic Acid (TXA)

1g over 10 mins, followed by 1 g over 8hs

Preemptive Use: Major trauma, give within 3 hours (CRASH 2) Consider in surgery where major bleeding occurs or is anticipated

LY30 = <u>Ly</u>sis % at <u>30</u> mins STABILITY of clot. Amount of clot broken down by FIBRINOLYSIS at 30 minutes after MA 30 mins Amplitude 0 20 CRT <u>LY30</u> = Fibrinolysis Normal <2.2%

This algorithm is for educational purposes only and should not be used to interpret patient results in your hospital.