

Trauma-induced coagulopathy

Trauma-induced coagulopathy

Tissue damage releases factors that encourage coagulation but acidosis and hypothermia prolong it; therefore, blood products should be warmed. For each 1°C fall in temperature, factor activity falls by 10%. Below 34°C clotting times are prolonged, and platelets pool in the spleen and have poor adherence and aggregation. Poor perfusion increases thrombomodulin, which binds to thrombin and activates protein C, so inhibiting cofactors V and VIII. Activated protein C can deplete plasminogen activator inhibitor-1, which results in the formation of plasmin. Leonardo Gigli, 1863–1908, Florentine surgeon and obstetrician. and, if this falls below 0.6 mmol/L, platelets are less effective. Haemostasis is immature in neonates with procoagulant and anticoagulant proteins, remaining low until 6 months old. Fibrinogen is qualitatively dysfunctional, existing in a fetal form for 6–12 months after birth and contributing to an increased risk of bleeding. Burns can also cause a consumptive coagulopathy with microangiopathic haemolysis. Children are more susceptible to hypothermia than adults: wet clothes should be removed early and warming blankets used. Children are more likely to become hypoglycaemic after a major injury as they mobilise glycogen poorly – blood sugar should be monitored in the significantly injured child, especially if they are nil by mouth. A nasogastric tube and a urinary catheter should be considered for children who have had a major abdominal or head injury or are unconscious or ventilated. An orogastric tube is used if there is suspicion of a basal frontal skull fracture and a suprapubic catheter if a urethral injury is suspected.

Trauma-induced coagulopathy

Tissue damage releases factors that encourage coagulation but acidosis and hypothermia prolong it; therefore, blood products should be warmed. For each 1°C fall in temperature, factor activity falls by 10%. Below 34°C clotting times are prolonged, and platelets pool in the spleen and have poor adherence and aggregation. Poor perfusion increases thrombomodulin, which binds to thrombin and activates protein C, so inhibiting cofactors V and VIII. Activated protein C can deplete plasminogen activator inhibitor-1, which results in the formation of plasmin. Leonardo Gigli, 1863–1908, Florentine surgeon and obstetrician. and, if this falls below 0.6 mmol/L, platelets are less effective. Haemostasis is immature in neonates with procoagulant and anticoagulant proteins, remaining low until 6 months old. Fibrinogen is qualitatively dysfunctional, existing in a fetal form for 6–12 months after birth and contributing to an increased risk of bleeding. Burns can also cause a consumptive coagulopathy with microangiopathic haemolysis. Children are more susceptible to hypothermia than adults: wet clothes should be removed early and warming blankets used. Children are more likely to become hypoglycaemic after a major injury as they mobilise glycogen poorly – blood sugar should be monitored in the significantly injured child, especially if they are nil by mouth. A

nasogastric tube and a urinary catheter should be considered for children who have had a major abdominal or head injury or are unconscious or ventilated. An orogastric tube is used if there is suspicion of a basal frontal skull fracture and a suprapubic catheter if a urethral injury is suspected.

Trauma-induced coagulopathy

Tissue damage releases factors that encourage coagulation but acidosis and hypothermia prolong it; therefore, blood products should be warmed. For each 1°C fall in temperature, factor activity falls by 10%. Below 34°C clotting times are prolonged, and platelets pool in the spleen and have poor adherence and aggregation. Poor perfusion increases thrombomodulin, which binds to thrombin and activates protein C, so inhibiting cofactors V and VIII. Activated protein C can deplete plasminogen activator inhibitor-1, which results in the formation of plasmin. Leonardo Gigli, 1863–1908, Florentine surgeon and obstetrician. and, if this falls below 0.6 mmol/L, platelets are less effective. Haemostasis is immature in neonates with procoagulant and anticoagulant proteins, remaining low until 6 months old. Fibrinogen is qualitatively dysfunctional, existing in a fetal form for 6–12 months after birth and contributing to an increased risk of bleeding. Burns can also cause a consumptive coagulopathy with microangiopathic haemolysis. Children are more susceptible to hypothermia than adults: wet clothes should be removed early and warming blankets used. Children are more likely to become hypoglycaemic after a major injury as they mobilise glycogen poorly – blood sugar should be monitored in the significantly injured child, especially if they are nil by mouth. A nasogastric tube and a urinary catheter should be considered for children who have had a major abdominal or head injury or are unconscious or ventilated. An orogastric tube is used if there is suspicion of a basal frontal skull fracture and a suprapubic catheter if a urethral injury is suspected.

Revision #1

Created 2025-12-31 15:10:06 UTC by Omar Ayman

Updated 2025-12-31 15:10:06 UTC by Omar Ayman