Venous lactate

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V enous lactate is a useful marker of resuscitation and phys - - iological state. A normal lactate (<2 /uni00A0 mmol/L) is a sign that the patient is probably resuscitated and suitable for ETC. An elevated lactate (>3 /uni00A0 mmol/L) suggests the patient is - under-resuscita ted and should either have a period of further resuscitation or DCS if surgery is urgent. If a patient’s lactate be noted and the other physiological markers considered to determine whether the patient is suitable for definitive surgical procedures. The identification of patients suitable for ETC versus DCS should be made by senior surgeons and anaesthetists/critical care doctors. This may be an easy decision, for example the haemodynamically unstable patient with intra-abdominal bleeding will always undergo rapid damage control lapar omy . In other cases a careful review of the patient’s physiology and coagulation state will be required. Summary box 27.6 Venous lactate is an essential marker of resuscitation /uni25CF /uni25CF /uni25CF /uni25CF The early assessment and management of trauma patients should follow established ATLS principles. A WBCT scan, from the head to the pelvis, with IV contrast is the gold standard investigation for major trauma patients and should be performed early and whenever possible. Warmed b lood and blood products in a 1:1:1 ratio of blood /uni00A0 : /uni00A0 plasma /uni00A0 : /uni00A0 platelets should be used with tranexamic ot - acid in the early resuscitation of haemodynamically unstable trauma patients. Trauma patients r equiring surgery should have an early decision made whether a damage control or ETC approach is required. Surgical procedures in physiologically compromised patients should be limited to those required to save the life and/or limb of the patient, while simultaneous resuscitation is continued.

<2 /uni00A0 mmol/L – ETC 2–3 /uni00A0 mmol/L – look at the trend (increasing or decreasing)

> 3 /uni00A0 mmol/L – may be under-resuscitated; should either have further resuscitation or DCS if surgery is urgent 5 /uni00A0 mmol/L – DCS (see Chapters 26 and 29)

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