

Providing universal donor plasma to massively bleeding trauma patients

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A recent randomized trial that looked at the feasibility of 2013 guidelines issued by the American College of Surgeons Trauma Quality Improvement Project for trauma resuscitation found that delivering universal donor plasma to massively hemorrhaging patients can be accomplished consistently and rapidly and without excessive wastage in high volume trauma centers. The plasma is given in addition to red blood cell transfusions to optimize treatment.

The 2013 guidelines recommend that universal donor products be immediately available on arrival of severely injured patients, and they represent a major shift in the paradigm of <u>trauma</u> resuscitation and blood product provision that has existed for more than a generation. Those recommendations are currently outside the capabilities of many facilities, due to the expense of maintaining even a small thawed <u>plasma</u> inventory, but they are likely to become the expected standard in the near future.

"We hope the descriptions of the various ways in which centers fulfilled the requirement of delivering blood components to the bedside within 10 minutes inspire other facilities to devise the most effective way for their own circumstances," said Dr. Deborah Novak, lead author of the *Transfusion* paper.

Injury is the leading cause of death among young adults, and uncontrolled hemorrhage is the most important preventable factor among those who sustain traumatic injury.



More information: Novak, D. J., Bai, Y., Cooke, R. K., Marques, M. B., Fontaine, M. J., Gottschall, J. L., Carey, P. M., Scanlan, R. M., Fiebig, E. W., Shulman, I. A., Nelson, J. M., Flax, S., Duncan, V., Daniel-Johnson, J. A., Callum, J. L., Holcomb, J. B., Fox, E. E., Baraniuk, S., Tilley, B. C., Schreiber, M. A., Inaba, K., Rizoli, S., Podbielski, J. M., Cotton, B. A., Hess, J. R. and on behalf of the PROPPR Study Group (2015), Making thawed universal donor plasma available rapidly for massively bleeding trauma patients: experience from the Pragmatic, Randomized Optimal Platelets and Plasma Ratios (PROPPR) trial. Transfusion. DOI: 10.1111/trf.13098

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