

JTACS AUGUST TABLE OF CONTENTS

'BEST OF' AUGUST ARTICLES

BEST OF TRAUMA ARTICLE

2021 National Guideline for the Field Triage of Injured Patients

- National guideline development
- Interdisciplinary national expert panel
- 5 systematic reviews
- 10 years of new scientific evidence
- End-user EMS feedback
- Stakeholder feedback

Evidence-based, restructured guideline for field triage based on flow of information to EMS (left-to-right) and risk (top-to-bottom)

Newgard CD, et al. *Journal of Trauma and Acute Care Surgery*, August 2022
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NATIONAL GUIDELINE FOR THE FIELD TRIAGE OF INJURED PATIENTS: RECOMMENDATIONS OF THE NATIONAL EXPERT PANEL ON FIELD TRIAGE, 2021
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/NATIONAL_GUIDELINE_FOR_THE_FIELD_TRIAGE_OF_INJURED.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/national-guideline-for-the-field-triage-of-injured.19.aspx)



SCAN HERE TO VIEW A VIDEO OVERVIEW OF THE ARTICLE

<https://qr.page/g/4SD9HkEUrcT>

Analysis of Sex-Based Murine Microbiota Resilience Following Sepsis

MODEL
C57BL/6J
Young vs Old
Male vs Female

ANALYSIS
Microbiota
Sex Hormones

OUTCOME
Female Microbiota ≠ Male;
Females = Potential
Microbial Resilience

SURVIVAL

Efron et al. *Journal of Trauma and Acute Care Surgery*, August 2022 [doi: 10.1097/TA.0000000000003599]
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SEX DIFFERENCES ASSOCIATE WITH LATE MICROBIOME ALTERATIONS AFTER MURINE SURGICAL SEPSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/SEX_DIFFERENCES_ASSOCIATE_WITH_LATE_MICROBIOME.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/sex-differences-associate-with-late-microbiome.1.aspx)



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<https://qr.page/g/UISJc4lyw7>

BEST OF SCC ARTICLE

THE GERIATRIC NUTRITIONAL RISK INDEX (GNRI) AS A PREDICTOR OF COMPLICATIONS IN GERIATRIC TRAUMA PATIENTS

Study Population
513 trauma patients
age ≥65
Malnutrition defined by GNRI

Results
Major Risk GNRI

Conclusions
GNRI feasible to use
Malnutrition associated with worse clinical outcomes

More deaths
More infections
Longer hospital LOS
More non-home discharges

Kregel et al. *Journal of Trauma and Acute Care Surgery*, August 2022
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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/THE_GERIATRIC_NUTRITIONAL_RISK_INDEX_AS_A.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/the-geriatric-nutritional-risk-index-as-a.7.aspx)



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<https://qr.page/g/aL5p29GM9t>

Development and Implementation of an Automated Electronic Health Record-linked Registry for Emergency General Surgery

Registry embedded in the Electronic Health Record

Leverage data to support Clinical Care In Real-Time

1.86% False Positive Rate

Automated Data Collection

Support QI and Multicenter Research

Detected 85% of all EGS Encounters

Mou et al. *Journal of Trauma and Acute Care Surgery*, August 2022
@JTraumAcuteSurg

DEVELOPMENT AND IMPLEMENTATION OF AN AUTOMATED ELECTRONIC HEALTH RECORD-LINKED REGISTRY FOR EMERGENCY GENERAL SURGERY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/DEVELOPMENT_AND_IMPLEMENTATION_OF_AN_AUTOMATED.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/development-and-implementation-of-an-automated.16.aspx)



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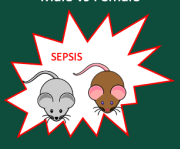
<https://qr.page/g/QKqXk4BTwV>

BEST OF BASIC SCIENCES ARTICLE

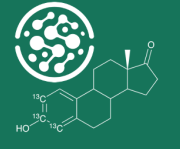
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Failure to Rescue in Trauma: Early and Late Mortality in Low and High Performing Trauma Centers

34 Level I and II Trauma Centers

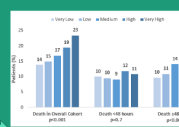
114,220 Patients

7,700 Complications

3,570 Deaths

Failure to Rescue = Death after Complication

Failure to Rescue by Quintile of Mortality

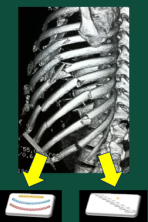


- ≥1 Major Complication
- Risk-adjusted Quintiles of Overall % Mortality
- Early deaths < 48 hrs
- Late deaths ≥ 48 hrs

Sangji NF, et al. *Journal of Trauma and Acute Care Surgery*. August 2022
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FAILURE TO RESCUE IN TRAUMA: EARLY AND LATE MORTALITY IN LOW AND HIGH PERFORMING TRAUMA CENTERS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/FAILURE_TO_RES_CUE_IN_TRAUMA_EARLY_AND_LATE.5.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/failure_to_rescue_in_trauma_early_and_late.5.aspx)

Prospective Randomized Trial of Metal vs Resorbable Plates in Surgical Stabilization of Rib Fractures



COMPARISON OF DISPLACEMENT

OUTCOME	TITANIUM N=14 (48.2%)	RESORBABLE N=15 (51.8%)
Patients		
# with displacement on DOD	0/14 (0.0)	9/15 (60.0)
Ribs		
# with displacement on DOD	0/88 (0.0)	22/79 (27.8)

- Metal plates provided better initial alignment with no displacement over time.
- Clinical outcomes were similar regarding pain, narcotic use & QOL scores.
- Routine use of resorbable plates for posterior rib fractures is not warranted.

Ashley DW, Christie DB, Long EL, Adiga R, Johns TJ, Fabrizio-Dulin J, Montgomery A. *Journal of Trauma and Acute Care Surgery*. August 2022.
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PROSPECTIVE RANDOMIZED TRIAL OF METAL VERSUS RESORBABLE PLATES IN SURGICAL STABILIZATION OF RIB FRACTURES
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/PROSPECTIVE_RANDOMIZED_TRIAL_OF_METAL_VERSUS_RESORBABLE_PLATES_IN_SURGICAL_STABILIZATION_OF_RIB_FRACTURES.2.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/prospective_randomized_trial_of_metal_versus_resorbable_plates_in_surgical_stabilization_of_rib_fractures.2.aspx)

Machine Learning and Murine Models Explain Failures of Clinical Sepsis Trials

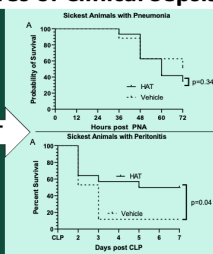
Sepsis

Hydrocortisone + Ascorbic Acid + Thiamine (HAT)

Pneumonia

VS.

Intra-Abdominal Sepsis



Conclusions

- Benefit?
 - ✓ Intra-Abdominal Sepsis
 - ✗ Pulmonary Sepsis
- All Sepsis is NOT the same.
- Not all cases of sepsis benefit from HAT.


Stolarski et al. *Journal of Trauma and Acute Care Surgery*. August 2022
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MACHINE LEARNING AND MURINE MODELS EXPLAIN FAILURES OF CLINICAL SEPSIS TRIALS
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Validating The Brain Injury Guidelines: Results Of An AAST Prospective Multi-Institutional Trial

Prospective Observational Multi-Institutional Trial
Blunt TBI & Initial CT

N = 2,033
10 Level I & II Trauma Centers



Brain Injury Guidelines (BIG)

- Neuro Exam
- History
- CT Findings

No BIG 1 or 2 Pts Required Neurosurgical Intervention

No TBI-related ED Visits or Readmissions Among BIG1&2

Implementing BIG would have saved 425 CT, 401 admissions & 511 NS Consults


	BIG 1 N=301	BIG 2 N=295	BIG 3 N=1437
Admission	6 hrs	24 hrs	
Repeat CT	✗	✗	✓
Neurosurg Consult	✗	✗	✓

Joseph et al. *Journal of Trauma and Acute Care Surgery*. Month 2022
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VALIDATING THE BRAIN INJURY GUIDELINES (BIG): RESULTS OF AN AAST PROSPECTIVE MULTI-INSTITUTIONAL TRIAL
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/VALIDATING_THE_BRAIN_INJURY_GUIDELINES_RESULTS_OF.3.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/validating_the_brain_injury_guidelines_results_of.3.aspx)

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Kregel et al. *Journal of Trauma and Acute Care Surgery*. August 2022
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DYNAMIC USE OF FIBRINOGEN UNDER VISCOELASTIC ASSESSMENT RESULTS IN REDUCED NEED FOR PLASMA AND DIMINISHED OVERALL TRANSFUSION REQUIREMENTS IN SEVERE TRAUMA

RETROSPECTIVE ANALYSIS OF SEVERE BLEEDING TRAUMA PATIENTS OVER 11 YEARS.
155 PATIENTS, Median ISS 34.

TRANSFUSION STRATEGY

EMPIRICAL aMTP (PRBC:FFP:PC)

VHA (ROTEM™) IMPLEMENTATION TOWARDS A NEW PARADIGM

2008 → 2019

TRANSITION TIME (MTP + VHA)

GDT BASED ON ROTEM™

VHA ALGORITHM STEPS FOR HEMOSTATIC RESUSCITATION

1st → FIBRINOGEN < 2g/L → FIBRINOGEN DEFICIT 3rd → TROMBIN DEFICIT 4th → PLATELET DEFICIT

RESULTS: Patients with...	2008	2019	2019
PLASMA TRANSFUSION	100%	100%	0%
FIBRINOGEN ADMINISTRATION	0%	100%	100%
TRANSFUSION > 7 FIBC	78.57%	75.38%	42.86%
SEVERE BLEEDING MORTALITY	21.43%	26.15%	11.90%

Barquero et al. *Journal of Trauma and Acute Care Surgery*. August 2022
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Developing a National Trauma Research Action Plan (NTRAP): Results from the Acute Resuscitation, Initial Patient Evaluation, Imaging and Management Research Gap Delphi Survey

METHODS

Experts in trauma care and injury research identified gaps in knowledge, generated research questions and prioritized questions using a consensus-driven Delphi survey approach.

RESULTS

43 subject-matter experts generated 993 questions that reached a consensus level of 60% agreement:

- High Priority: 327 questions (33%)
- Medium Priority: 621 questions (62.6%)
- Low Priority: 44 questions (4.4%)

CONCLUSION

Highly prioritized research topics related to interventions:

- Pharmaceuticals
- Fluid/blood product resuscitation

Highly prioritized research questions were most frequently related to:

- Traumatic Brain Injury
- Vascular injury
- Pelvic fracture
- VTE prophylaxis

Todd W. Cooper, MD, Joseph M. Galante, MD, MBA, Matthew A. Baxerman, MD, Jimmy Phuong, PhD, Michelle Price, PhD, Joseph Cushman, MD, Laura R. Gosse, MD, John B. Holcomb, MD, Paul Conroy, MD, PhD, Eason Fuller, MD, PhD, and the NTRAP Acute Resuscitation, Evaluation & Imaging Panel Group. *Journal of Trauma and Acute Care Surgery*. August 2022
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DEVELOPING A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP): RESULTS FROM THE ACUTE RESUSCITATION, INITIAL PATIENT EVALUATION, IMAGING, AND MANAGEMENT RESEARCH GAP DELPHI SURVEY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/DEVELOPING_A_NATIONAL_TRAUMA_RESEARCH_ACTION_PLAN.8.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/developing_a_national_trauma_research_action_plan.8.aspx)

CNTR Developing a National Trauma Research Action Plan (NTRAP): Results from the Geriatric Trauma Delphi Survey

METHODS
Experts in geriatric trauma care and research identified gaps in knowledge, generated research questions and prioritized questions using a consensus-driven Delphi survey approach.

RESULTS
Subject matter experts generated 514 research questions in 109 key topic areas. 362 questions (70%) reached a consensus level of 60% agreement: 163 (44%) were High Priority, 198 (55%) Medium Priority, 3 (1%) Low Priority.

CONCLUSION
The key topics appearing with the highest frequency in the high priority questions are pain management, facility-guided protocols and anticoagulation-related interventions. The types of injuries in most need of study are rib fracture, TBI and lower extremity injury.

Journal of Trauma and Acute Care Surgery

When New York City Was the COVID-19 Pandemic Epicenter: The Impact on Trauma Care

NYC during its time as the COVID epicenter with unparalleled strain

The largest municipal hospital system in the United States

Multicenter Retrospective review of five NYC Level 1 trauma centers comparing spring 2020 comparing to 2018/2019

J-25% monthly trauma visits (693 vs. 528; p=0.02)
↑50% penetrating injuries (15% vs. 22%; p<0.001)
Injured COVID+ patients more likely to die compared to non-COVID (10.5% vs 3.6%; p<0.001)
Non-COVID patients with ISS<15 were more likely to die compared to the same subgroups in 2018/2019 (adjusted RR 2.7 [95% CI: 1.5, 4.7])

Journal of Trauma and Acute Care Surgery

DEVELOPING A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP): RESULTS FROM THE GERIATRIC RESEARCH GAP DELPHI SURVEY
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WHEN NEW YORK CITY WAS THE COVID-19 PANDEMIC EPICENTER: THE IMPACT ON TRAUMA CARE
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Epidemiology, patterns of care and outcomes of traumatic brain injury in military operational settings: implications for future military operations

46,309 Service Members Suffering TBI in a Deployed Setting
9,412 receiving care at a deployed hospital

Analyze Patterns of Care For Mild TBI

- 89% Were Diagnosed with Mild TBI
- Only 50% Were Able to Return to Duty
- 68% With Mild TBI Evacuated
- 45% of Head CT Performed Were on Patients with Mild TBI

Far Forward Diagnostics to Evaluate Mild TBI are Needed to Prevent Over-triage.

Journal of Trauma and Acute Care Surgery

Advanced Bleeding Control in Combat Casualty Care

Hemorrhage 1st cause of potentially survivable deaths

Delphi consensus, 3 rounds

Truncal & junctional bleeding => Advanced Bleeding Control

International expert panel

Consensus on optimal use of Advanced Bleeding Control in combat casualty care

Military healthcare providers: Expertise in Advanced Bleeding Control • High exposure to combat injuries

Consensus on Standard toolbox:
• At all levels of care
• Including REBOA

Invasive techniques only by trained physicians

Refresher training intervals

International collaboration:
• Registries & guidelines

Journal of Trauma and Acute Care Surgery

EPIDEMIOLOGY, PATTERNS OF CARE AND OUTCOMES OF TRAUMATIC BRAIN INJURY IN DEPLOYED MILITARY SETTINGS: IMPLICATIONS FOR FUTURE MILITARY OPERATIONS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/EPIDEMIOLOGY_PATTERNS_OF_CARE_AND_OUTCOMES_OF_10.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/epidemiology_patterns_of_care_and_outcomes_of_10.aspx)

ADVANCED BLEEDING CONTROL IN COMBAT CASUALTY CARE: AN INTERNATIONAL, EXPERT-BASED DELPHI CONSENSUS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/ADVANCED_BLEEDING_CONTROL_IN_COMBAT_CASUALTY_CARE_14.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/advanced_bleeding_control_in_combat_casualty_care_14.aspx)

The ICEBERG : A score and visual representation to track the severity of traumatic brain injury Design principles and preliminary results

SEVERITY OF TRAUMATIC SEVERE BRAIN INJURY (TBI) GCS < 8
Screened suspected TBI n=611
ICU mortality D28
Long term disability 3 years GOS-E outcome
Admitted in ICU n=476
Visual diagram Nurses Bedside evaluation
ICP
ICU with ICP data > 24 H n=207

ICEBERG score Item Scoring system
CCP – ICP – SEDATION – PACO2
T⁺ – OSMOLARITY

ICEBERG - PREDICTION
ICEBERG scoring
BAD outcome
GOOD outcome
D28 Mortality
GOS-E 3 years

ICEBERG Visual Diagram
Two-ways ANOVA
Receiver operating characteristic (ROC) curve
DeLong test

Journal of Trauma and Acute Care Surgery

An Analysis of Police Transport in An Eastern Association for the Surgery of Trauma Multicenter Trial Examining Prehospital Procedures in Penetrating Trauma

Comparison of Police Transport (PT) to Advanced Life Support (ALS)/Emergency Medical Services (EMS) in patients with penetrating trauma to torso or proximal extremities in urban locations across 25 trauma centers

Comparison of unmatched groups shows PT group more severely injured

Immediate transportation of penetrating trauma in urban locations should be emphasized in this specific patient population

After Propensity Matching – PT resulted in similar morbidity and mortality

Journal of Trauma and Acute Care Surgery

THE ICEBERG: A SCORE AND VISUAL REPRESENTATION TO TRACK THE SEVERITY OF TRAUMATIC BRAIN INJURY: DESIGN PRINCIPLES AND PRELIMINARY RESULTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/THE_ICEBERG_A_SCORE_AND_VISUAL_REPRESENTATION_TO_11.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/the_iceberg_a_score_and_visual_representation_to_11.aspx)

AN ANALYSIS OF POLICE TRANSPORT IN AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MULTICENTER TRIAL EXAMINING PREHOSPITAL PROCEDURES IN PENETRATING TRAUMA PATIENTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/AN_ANALYSIS_OF_POLICE_TRANSPORT_IN_AN_EASTERN.15.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/an_analysis_of_police_transport_in_an_eastern_15.aspx)

Understanding the Geography of Trauma: Combining Spatial Analysis and Funnel Plots to Create Comprehensive Spatial Injury Profiles

Choropleth maps illustrate spatial relationships and geographical clustering
Funnel plots illustrate how data estimates relate to confidence intervals

Incidence Cluster
Incidence Cluster

Probable high outlier
Possible high outlier
Possible low outlier
Probable low outlier

Combining these tools leads to a more comprehensive understanding of trauma patterns

Journal of Trauma and Acute Care Surgery

Development and Implementation of an Automated Electronic Health Record-linked Registry for Emergency General Surgery

Registry embedded in the Electronic Health Record

Leverage data to support Clinical Care In Real-Time

1.86% False Positive Rate

Automated Data Collection

Support QI and Multicenter Research

Detected 85% of all EGS Encounters

Journal of Trauma and Acute Care Surgery

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BEST OF EMERGENCY GENERAL SURGERY ARTICLE

2021 National Guideline for the Field Triage of Injured Patients

- National guideline development
- Interdisciplinary national expert panel
- 5 systematic reviews

Evidence-based, restructured guideline for field triage based on flow of information to EMS (left-to-right) and risk (top-to-bottom)

Newgard CD, et al. *Journal of Trauma and Acute Care Surgery*. August 2022
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THE EFFICACY OF WEIGHT-BASED ENOXAPARIN DOSING FOR VTE PROPHYLAXIS IN TRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

Study Population	Intervention	Outcomes
<ul style="list-style-type: none"> Patients admitted to a Trauma Service receiving VTE prophylaxis with Enoxaparin 	<ul style="list-style-type: none"> Weight Based Dosing (N=319) vs. Standard Dosing (N=445) 	<ul style="list-style-type: none"> MORE prophylactic range AFxAs Levels FEWER sub-prophylactic AFxAs Levels NO DIFFERENCE VTE or Bleeding Events

Ebeid, A., Stallwood-Hall, C., Cole, E. *Journal of Trauma and Acute Care Surgery*. August 2022
@JTraumaAcuteSurg

NO VISUAL ABSTRACT PROVIDED
RELATIONSHIP BETWEEN ANTI-XA LEVEL ACHIEVED WITH PROPHYLACTIC LOW-MOLECULAR WEIGHT HEPARIN AND VENOUS THROMBOEMBOLISM IN TRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS
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NO VISUAL ABSTRACT PROVIDED
MANAGING GRADE 4 AND 5 PANCREATIC INJURIES—ALL HANDS ON DECK!
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/08000/MANAGING_GRADES_IV_AND_V_PANCREATIC_INJURIES_ALL.24.ASPX](https://journals.lww.com/jtrauma/citation/2022/08000/managing_grades_iv_and_v_pancreatic_injuries_all.24.aspx)

NO VISUAL ABSTRACT PROVIDED
THE NUANCED NATURE OF GRADING PANCREAS INJURIES: RESPONSE TO LETTER TO THE EDITOR.
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/08000/THE_NUANCED_NATURE_OF_GRADING_PANCREAS_INJURIES.25.ASPX](https://journals.lww.com/jtrauma/citation/2022/08000/the_nuanced_nature_of_grading_pancreas_injuries.25.aspx) NO VISUAL ABSTRACT PROVIDED

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DELAYED SPLENIC PSEUDOANEURYSM WHO NEEDS SURVEILLANCE IMAGING AND HOW SHOULD WE MANAGE IT?
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/08000/DELAYED_SPLENIC_PSEUDOANEURYSM_WHO_NEEDS.26.ASPX](https://journals.lww.com/jtrauma/citation/2022/08000/delayed_splenic_pseudoaneurysm_who_needs.26.aspx)

NO VISUAL ABSTRACT PROVIDED
RESPONSE TO: DELAYED SPLENIC PSEUDOANEURYSM: WHO NEEDS SURVEILLANCE IMAGING AND HOW SHOULD WE MANAGE IT?
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/08000/RESPONSE_TO_DELAYED_SPLENIC_PSEUDOANEURYSM_WHO.27.ASPX](https://journals.lww.com/jtrauma/citation/2022/08000/response_to_delayed_splenic_pseudoaneurysm_who.27.aspx)

THE EFFICACY OF WEIGHT-BASED ENOXAPARIN DOSING FOR VTE PROPHYLAXIS IN TRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2022/08000/THE_EFFICACY_OF_WEIGHT_BASED_ENOXAPARIN_DOSING_FOR.21.ASPX](https://journals.lww.com/jtrauma/abstract/2022/08000/the_efficacy_of_weight_based_enoxaparin_dosing_for.21.aspx)

THE SPECIALTY OF SURGICAL CRITICAL CARE: WHITE PAPER FROM THE AAST CRITICAL CARE COMMITTEE

Anatomy	Physiology	Surgical expertise	Surgical Critical Care Specialist

- Broad expertise
- Training specifics
- Practice outside ICU walls
- Care of complex surgical conditions
- Surgical source control
- Procedural expertise
- Bedside surgery
- Hemorrhage control & resuscitation
- Disaster management

Michetti CP et al. *Journal of Trauma and Acute Care Surgery*. August 2022
@JTraumaAcuteSurg

THE SPECIALTY OF SURGICAL CRITICAL CARE: A WHITE PAPER FROM THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA CRITICAL CARE COMMITTEE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2022/08000/THE_SPECIALTY_OF_SURGICAL_CRITICAL_CARE_A_WHITE.22.ASPX](https://journals.lww.com/jtrauma/fulltext/2022/08000/the_specialty_of_surgical_critical_care_a_white.22.aspx)

A Team Approach to Peripartum Hemorrhage Control Incorporating Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)

<p>The highest risk of bleeding for women with placenta accreta occurs at the time of delivery, when as many as 90% require blood transfusion</p>	<p>REBOA placed by acute care surgeons is a safe and effective strategy to control major bleeding during high-risk obstetric surgeries and peripartum emergencies</p>	<p>We describe a protocolized, multidisciplinary approach to obstetric hemorrhage, including patient selection, operating room procedures, and REBOA techniques</p>
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Russo RM et al. *Journal of Trauma and Acute Care Surgery*. Mar 2022
@JTraumaAcuteSurg

A TEAM APPROACH TO PERIPARTUM HEMORRHAGE CONTROL INCORPORATING RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2022/08000/A_TEAM_APPROACH_TO_PERIPARTUM_HEMORRHAGE_CONTROL.23.ASPX](https://journals.lww.com/jtrauma/citation/2022/08000/a_team_approach_to_peripartum_hemorrhage_control.23.aspx)