

Clinical Practice Guideline: End points of Resuscitation EAST, 2004

To maximize chances for survival, treatment priorities must focus on resuscitation from shock, including appropriate fluid resuscitation and rapid hemostasis.

Use of traditional markers of successful resuscitation, including restoration of normal B/P, heart rate, and urine output, remain the standard of care per the Advanced Trauma Life Support Course.

Better markers are needed of adequate resuscitation for severely injured patients.

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Recommendations Stratifying Physiologic Derangement

• Level 1

1. Standard hemodynamic parameters do not adequately quantify the degree of physiologic derangement in trauma patients . The initial base deficit, lactate level, or gastric pH should be used to stratify patients for needing ongoing fluid resuscitation, including PRBC's and other blood products, and the risk of multi-organ dysfunction syndrome (MODS) or death.
2. Oxygen delivery parameters should be observed since the ability of a patient to attain supranormal correlates with an improved chance of survival

• Level II

1. The time to normalization of base deficit, lactate, and pH is predictive of survival.
2. Persistently high base deficit or low pH (or worsening of these parameters) may be an early indicator of complications
3. The Effects of ethanol intoxication, seizures, sepsis, a hyperchloremic or preexisting metabolic acidosis, or administration of sodium bicarb should be considered when using this parameter as and endpoint of resuscitation.



Recommendations Improved Patient Outcomes

• Level 1

1. There are insufficient data to formulate a Level 1 recommendation

• Level II

1. During resuscitation, O2 delivery should be increased to normalize base deficit, lactate, or pH during the first 24 hours.
2. The optimal algorithm for fluid resuscitation, blood products, and use of inotropes and/or vasopressors have not been determined.

