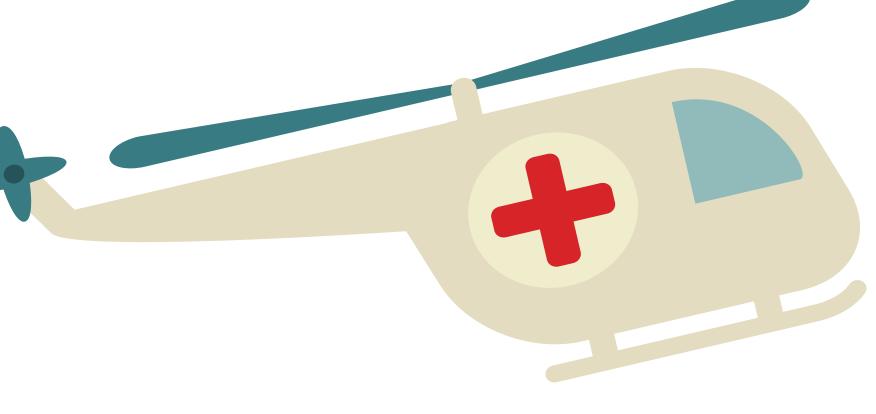
## Transfusion of Plasma, Platelets and RBCS in Patients with Severe Tauma

Holcomb et al.

canadient MVP INFOGRAPHIC SERIES





PROMMTT identified most trauma patients were transfused with plasma, platelets and red blood cells in a 1:1:1 or 1:1:2 ratio, but did not suggest which was better.



20-40%

of trauma deaths after admission

involve massive haemorrhage.





### 1:1:1 or 1:1:2 olooa proauct ratio for massive transfusion in trauma patients?



# STUDY DESIGN

Phase 3 Randomized **Control Trial** 





>15 years of age

>50 kg

Direct from scene Required massive

transfusion



pharmacological variables were controlled

No other clinical or



- < 1 hour predicted mortality</li>
- >5 minutes CPR

Pregnancy

Thoracotomy preformed



## Remember! PROPPR = Pragmatic PROPPR was a pragmatic RCT that used broad inclusion

than restricting confounding variables to prove causation.

criteria to reflect outcomes in "real world" settings, rather

LIMITATIONS

10% difference in mortality, but did not establish a benefit < 10%

Study powered to detect a

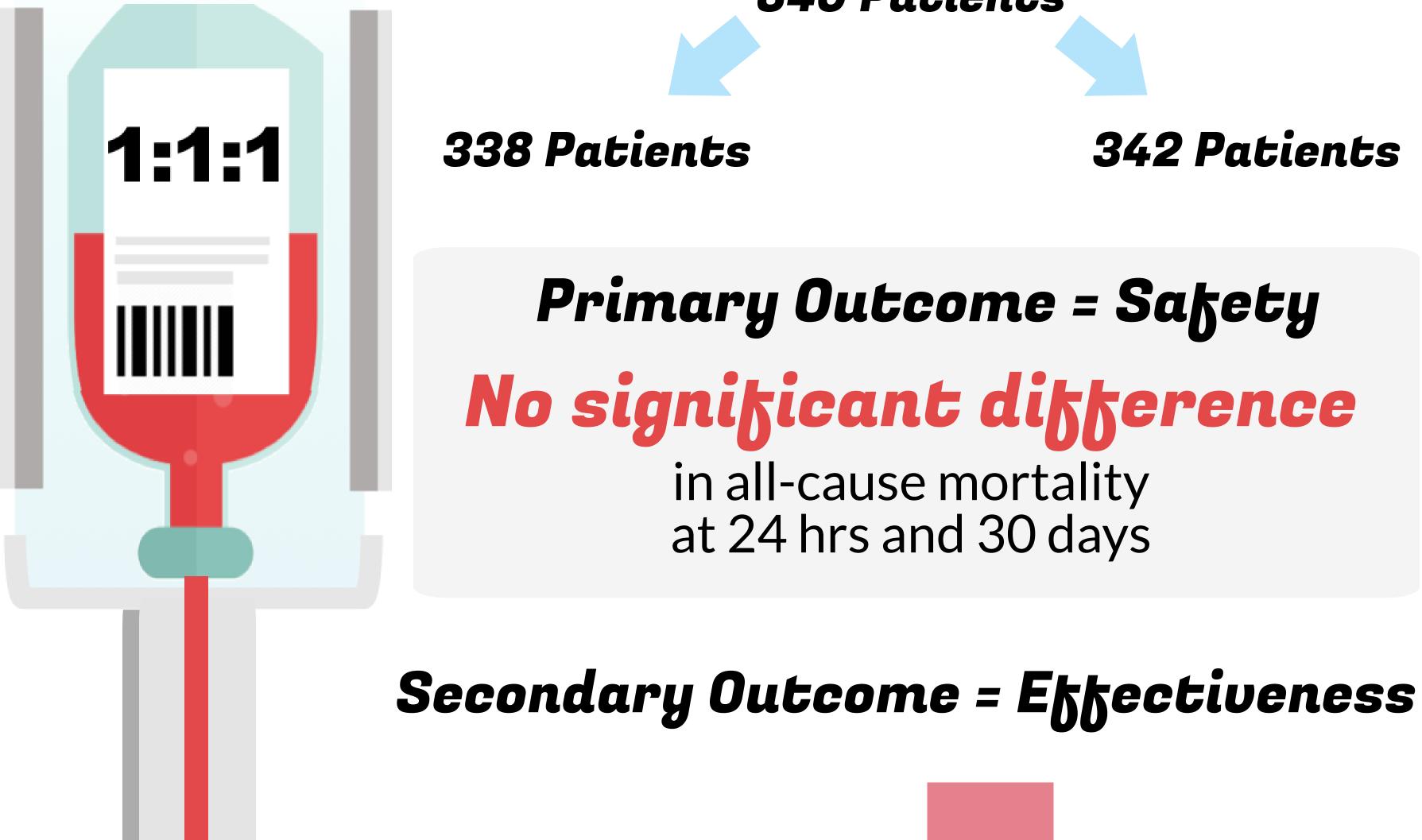
No physican blinding

once protocol began

exclude patients with fatal brain injury (23-38% of deaths)

Did not competely

1:1:2



## 640 Patients

RESULTS

338 Patients

Primary Outcome = Sakety

No significant difference

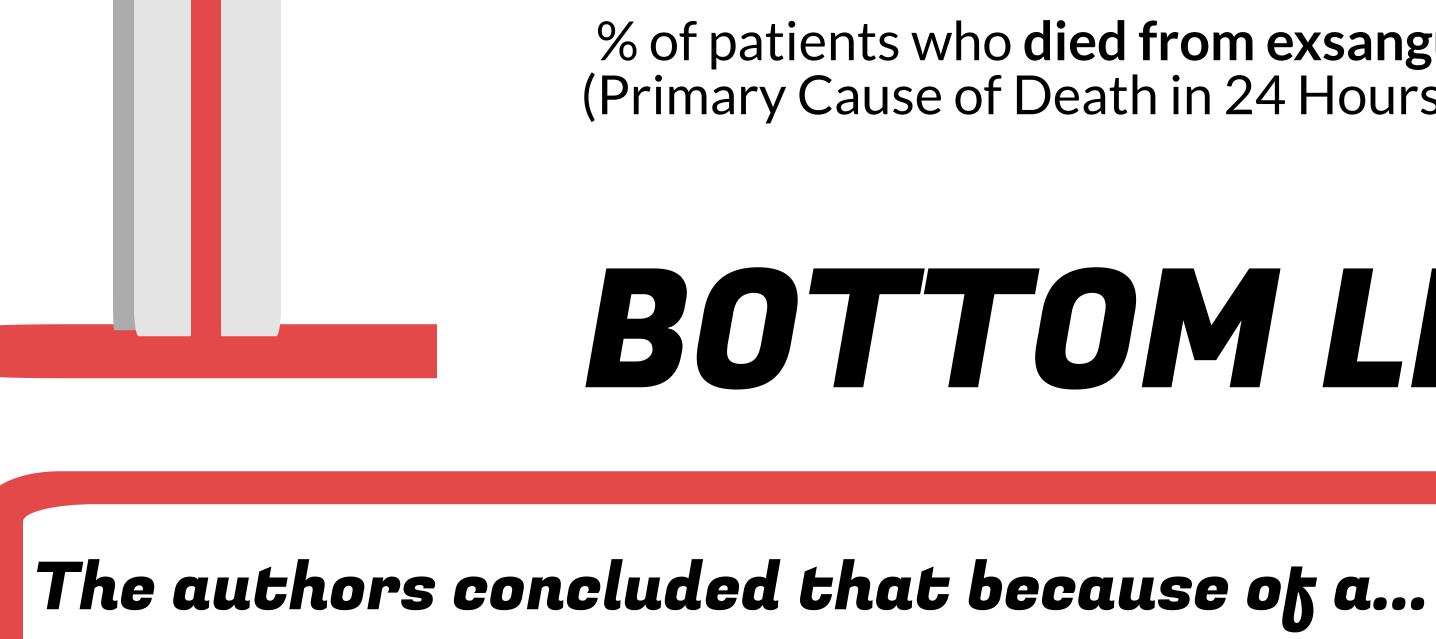
342 Patients

at 24 hrs and 30 days

in all-cause mortality

14.6% 9.2% % of patients who died from exsanguination (Primary Cause of Death in 24 Hours) P=0.03

BOTTOMLINE



REFERENCES:

in death from exsanguination

Decrease



Without a change in safety

Clinicians should consider 1:1:1 trankusion protocols for level 1 trauma patients requiring rapid hemorrhage control