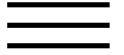


Vital signs and estimated blood loss in patients with major trauma: testing the validity of the ATLS classification of hypovolaemic shock.

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Clinical paper

Vital signs and estimated blood loss in patients with major trauma: Testing the validity of the ATLS classification of hypovolaemic shock $\hat{\sim} \dagger$

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Abstract

Aim

The Advanced Trauma Life Support (ATLS) system classifies the severity of shock. The aim of this study is to test the validity of this classification.

Methods

Admission physiology, injury and outcome variables from adult injured patients presenting to hospitals in England and Wales between 1989 and 2007 and stored on the

Trauma Audit and Research Network (TARN) database, were studied. For each patient, the blood loss was estimated and patients were divided into four groups based on the estimated blood loss corresponding to the ATLS classes of shock. The median and interquartile ranges (IQR) of the heart rate (HR) systolic blood pressure (SBP), respiratory rate (RR) and Glasgow Coma Score (GCS) were calculated for each group.

Results

The median HR rose from 82 beats per minute (BPM) in estimated class 1 shock to 95Â BPM in estimated class 4 shock. The median SBP fell from 135Â mm Hg to 120Â mm Hg. There was no significant change in RR or GCS.

Conclusion

With increasing estimated blood loss there is a trend to increasing heart rate and a reduction in SBP but not to the degree suggested by the ATLS classification of shock.



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Keywords

ATLS; Haemorrhagic shock; Vital signs; Heart rate; Blood pressure

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