# CASE 9

Thanks to Dr Gareth Ansell for sharing this case!

Have a look at the following case and try to interprete the TEG first yourself using the TEG6s cheat sheet on the next two pages.

(\* Thanks to the anonymous people who made this cheat sheet)

Disclaimer: These cases are provided for educational purposes only, they do not constitute medical advice. You should follow your local institutional policies and use your own clinical judgement.

### **ALGORITHM**



# **TEG**



#### **RECHECK TEG**

- After products given
- 2) If bleeding continues

#### PHYSIOLOGICAL TARGETS

T >36.0 pH >7.2 Ca >1.0

Hb >70 or higher as indicated

## **THEORY**

#### **FOUR TRACES**

#### CK - KAOLIN ACTIVATED

KAOLIN ALONE: traditional TEG trace showing total clotting profile

#### CRT - RAPID TEG

KAOLIN + TISSUE FACTOR: causes rapid clot formation shortening R time. Fastest to show MA & LY30

#### CKH - HEPARINASE

KAOLIN + HEPARINASE: removes heparin effect. Otherwise comparable to CK trace.

#### CFF - FUNCTIONAL FIBRINOGEN

KAOLIN + PLATELET INHIBITOR: shows fibrinogens specific contribution to MA, by inhibiting platelets.

## STEP 1: MA Result in ~10-15 mins



# **↓** FIBRINOGEN

Often first to deplete

#### Cryoprecipitate OR Fibrinogen Conc

CFF MA <15mm 10u 2g <10mm 20u 4g <5mm 20-30u + TXA 4-6g + TXA

~5u cryo OR ~1g fib conc may raise CFF MA ~2mm

# **↓**PLATELETS

Deficit or Disorder (i.e. antiplatelet)

#### **Pooled Platelets**

CRT MA <50mm 1u <25mm 2u

# MA = <u>Maximum Amplitude</u> STRENGTH of clot formed by

STRENGTH of clot formed by FIBRINOGEN crosslinking with PLATELETS



# CK R >9 mins CK & CKH R both prolonged to same extent → Coagulation defect, but not due to heparin CKH R shorter than CK R 22.0

# STEP 2: R Result in ~10-15 mins

## **↓** COAG FACTORS

Deficit or Disorder (i.e. anticoagulant)

FFP OF 2-4u Prothrombinex

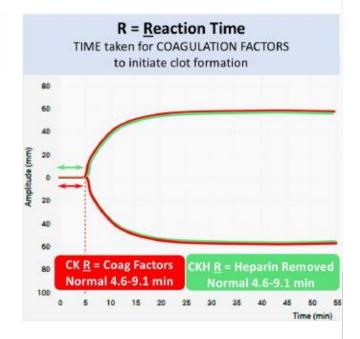
25-50u/kg

## **HEPARIN EFFECT**

#### **Protamine**

~1mg /100u heparin

OR as per local cardiac/bypass protocols



# STEP 3: LY30 Result in ~40-45 mins

# 

#### **HYPERFIBRINOLYSIS**

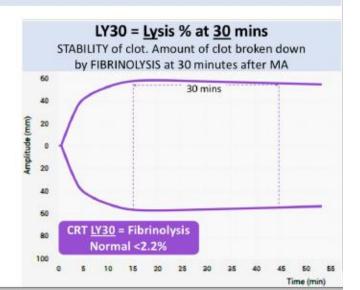
#### Tranexamic Acid (TXA)

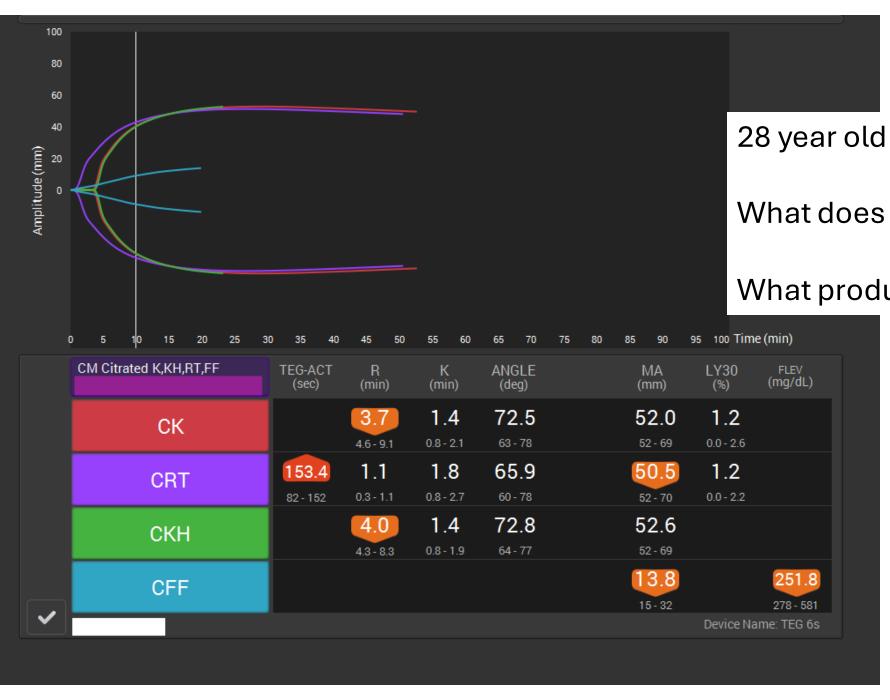
1g over 10 mins, followed by 1 g over 8hs

#### Preemptive Use:

Major trauma, give within 3 hours (CRASH 2) Consider in surgery where major bleeding occurs or is anticipated

This algorithm is for educational purposes only and should not be used to interpret patient results in your hospital.





# Case 9

28 year old 2.5 litre PPH

What does the TEG show?

What products will you give?

