

# CASE 1

Thanks to Dr Adam Eslick for sharing this case

Have a look at the following case and try to interpret 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

	STEP 2	STEP 1	STEP 3			
	ACT	R	K	ANGLE	MA	LY30
CK		7.6 4.6-9.1	1.3 0.5-2.1	73.0 63-79	58.3 52-69	0.0 0.0-2.6
CRT	83.0 82-152	0.3 0.3-1.1	1.4 0.5-2.7	74.0 66-79	60.2 52-76	0.0 0.0-2.2
CKH		7.3 4.3-8.3	1.2 0.5-1.9	74.0 64-77	59.0 52-69	
CFF					22.0	420.0 276-581

AIMS: CK R <9 mins  
CK R = CKH R  
CRT MA >52mm  
CFF MA >15mm  
CRT LY30 <2%

# TEG



## RECHECK TEG

- 1) 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



CFF MA < 15mm

CFF MA Normal  
CRT MA < 52mm

Low CRT MA <52mm &  
Low CFF MA <15mm  
→ Low fibrinogen definite  
→ Low platelets possible  
→ Check platelets on FBC  
→ Recheck TEG after replacing fibrinogen

## ↓ 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 = Maximum Amplitude

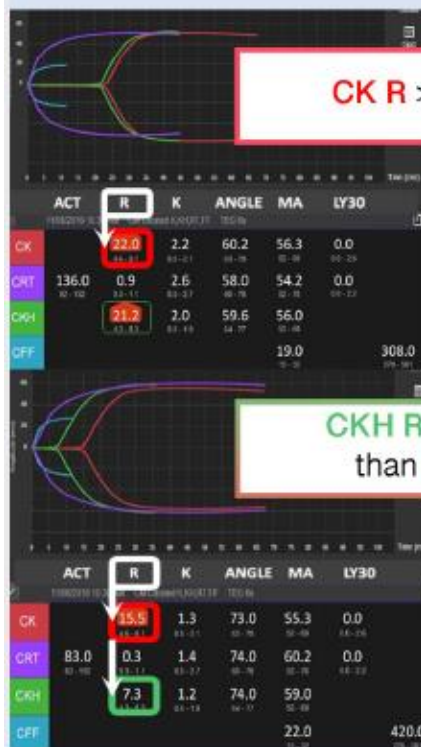
STRENGTH of clot formed by FIBRINOGEN crosslinking with PLATELETS



CFF MA = Fibrin Only  
Normal 15-32 mm

CRT MA = Fibrin + Plts  
Normal 52-70mm

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



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

### ↓ COAG FACTORS

Deficit or Disorder (i.e. anticoagulant)

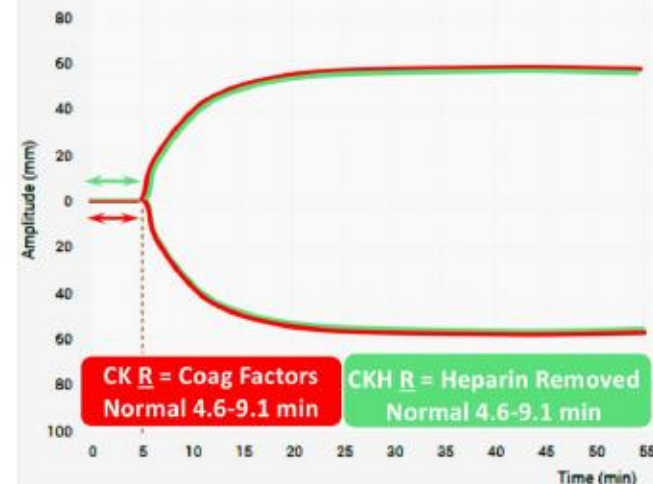
FFP OR Prothrombinex  
2-4u 25-50u/kg

### HEPARIN EFFECT

Protamine  
~1mg /100u heparin

OR as per local cardiac/bypass protocols

**R = Reaction Time**  
TIME taken for COAGULATION FACTORS to initiate clot formation



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



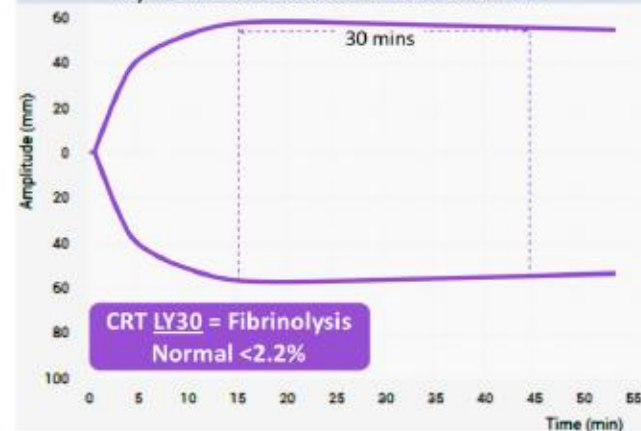
CRT LY30 >2.2%

### HYPERFIBRINOLYSIS

Tranexamic Acid (TXA)  
1g over 10 mins, followed by 1g over 8hs

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

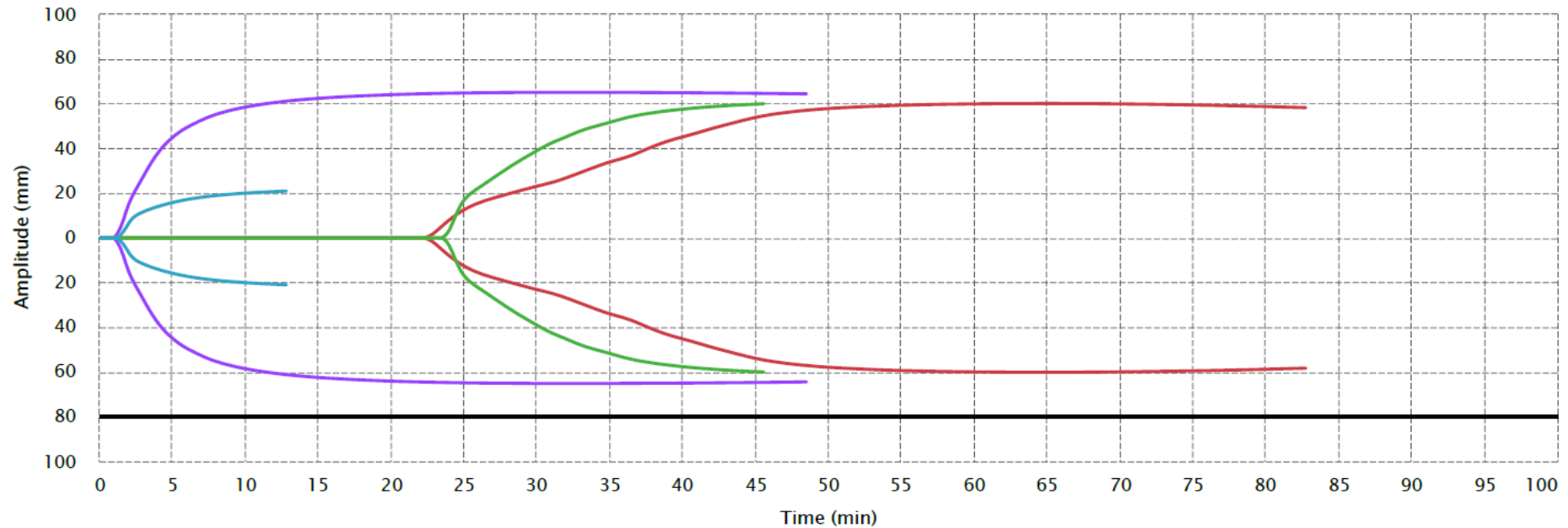
**LY30 = Lysis % at 30 mins**  
STABILITY of clot. Amount of clot broken down by FIBRINOLYSIS at 30 minutes after MA



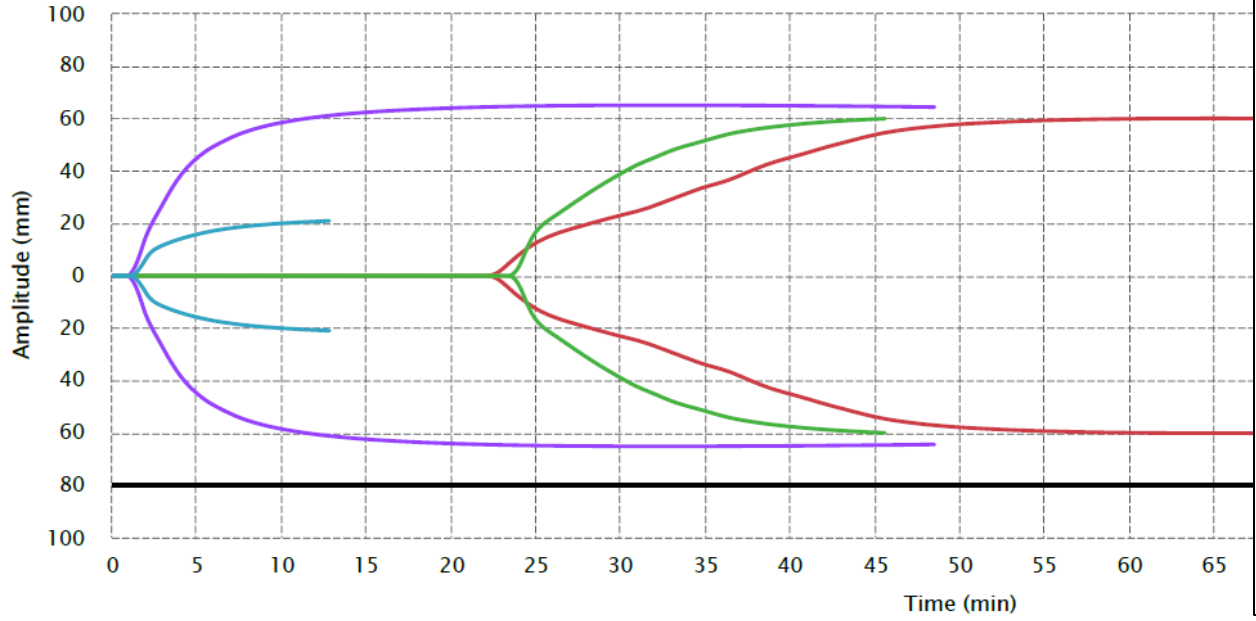
# Case Study 1

- 65 year old man
- Day 1 post MVA, intubated
- Flail chest, trauma laparotomy and thoracotomy yesterday
- 6 units PRBC overnight
- Platelet count 75
- 4 mcg/min noradrenaline
- Presents for relook laparotomy today
- Bleeding from chest drain and central line
- A TEG is taken pre-op.....

# Interpret this TEG trace



	TEG-ACT (sec)	R (min)	K (min)	ANGLE (deg)	A10 (mm)	MA (mm)	LY30 (%)
CK		23.0	5.3	50.3		58.8	---
		4.6 - 9.1	0.8 - 2.1	63 - 78		52 - 69	0.0 - 2.6
CRT	162.7	1.2	1.2	74.9	59.8	63.7	0.0
	82 - 152	0.3 - 1.1	0.8 - 2.7	60 - 78	44 - 67	52 - 70	0.0 - 2.2
CKH		23.9	1.7	70.6		60.0	
		4.3 - 8.3	0.8 - 1.9	64 - 77		52 - 69	
CFF					20.6	21.0	
					15 - 30	15 - 32	



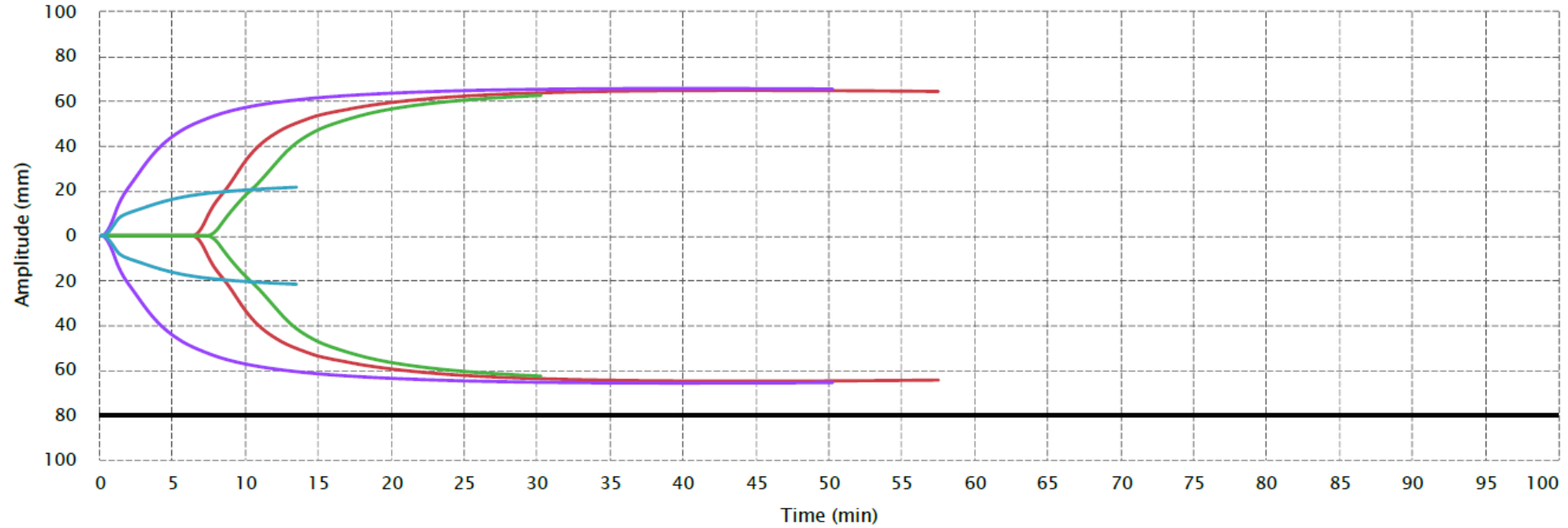
## Interpretation

- 1) CFF MA = 21.0 (normal) - No need for fibrinogen
- 2) CRT MA = 63.7(normal) - No need for platelets
- 3) CK R time = 23min (prolonged) – Low coagulation factors or heparin effect
- 4) CKH R Time = 23.9min - the same as CK R so no heparin effect – give FFP or Prothrombinex
- 5) CRT LY30 = 0% No need for TXA

	TEG-ACT (sec)	R (min)	K (min)	ANGLE (deg)	A10 (mm)	MA (mm)	LY30 (%)
CK		23.0	5.3	50.3		58.8	---
		4.6 - 9.1	0.8 - 2.1	63 - 78		52 - 69	0.0 - 2.6
CRT	162.7	1.2	1.2	74.9	59.8	63.7	0.0
	82 - 152	0.3 - 1.1	0.8 - 2.7	60 - 78	44 - 67	52 - 70	0.0 - 2.2
CKH		23.9	1.7	70.6		60.0	
		4.3 - 8.3	0.8 - 1.9	64 - 77		52 - 69	
CFF					20.6	21.0	
					15 - 30	15 - 32	

# Case Study 1: TEG after 4 units of FFP

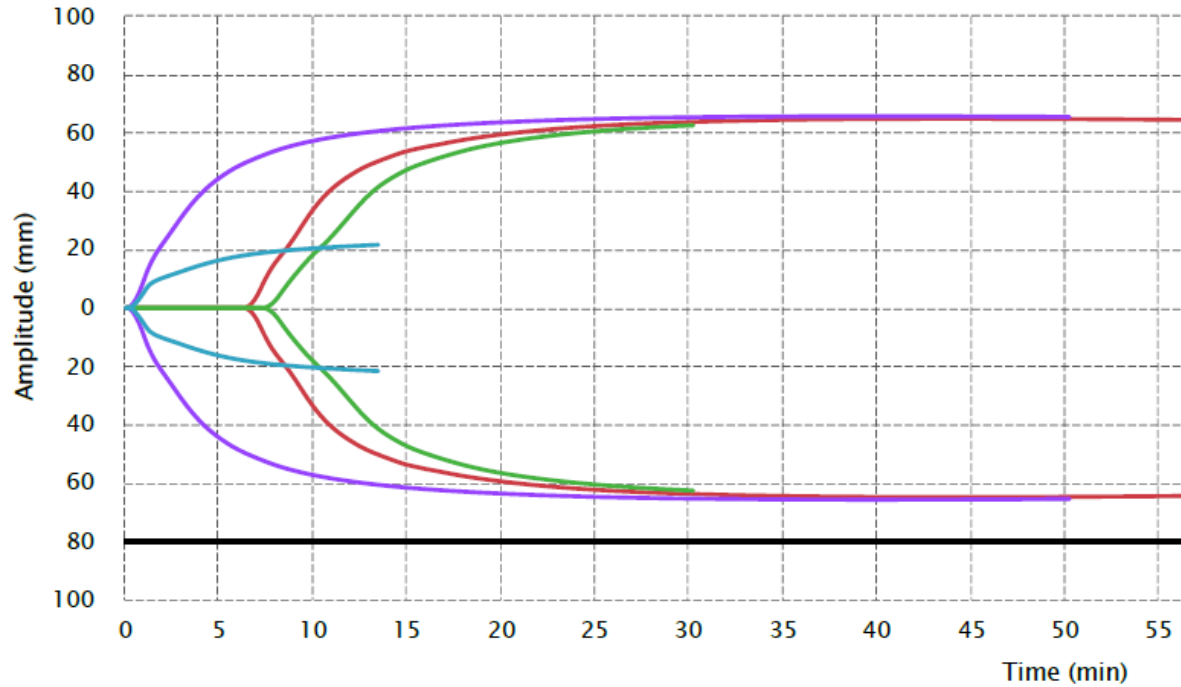
Interpret this TEG trace



	TEG-ACT (sec)	R (min)	K (min)	ANGLE (deg)	A10 (mm)	MA (mm)	LY30 (%)
CK		6.8	1.8	68.8		63.2	0.0
		4.6 - 9.1	0.8 - 2.1	63 - 78		52 - 69	0.0 - 2.6
CRT	106.6	0.6	1.3	73.2	58.0	63.7	0.0
	82 - 152	0.3 - 1.1	0.8 - 2.7	60 - 78	44 - 67	52 - 70	0.0 - 2.2
CKH		8.0	2.3	61.3		62.6	
		4.3 - 8.3	0.8 - 1.9	64 - 77		52 - 69	
CFF					20.7	21.7	
					15 - 30	15 - 32	



# Case Study 1: TEG after 4 units of FFP



## Interpretation

- 1) CFF MA = 21.7 (normal) - No need for fibrinogen
- 2) CRT MA = 63.7(normal) - No need for platelets
- 3) CK R time = 6.8min (Normal) – No anticoagulants, no need for coagulation factors
- 4) CKH R Time = 2.3min - Slightly prolonged – no evidence heparin effect
- 5) CRT LY30 = 0% No need for TXA

	TEG-ACT (sec)	R (min)	K (min)	ANGLE (deg)	A10 (mm)	MA (mm)	LY30 (%)
CK		6.8 4.6 - 9.1	1.8 0.8 - 2.1	68.8 63 - 78		63.2 52 - 69	0.0 0.0 - 2.6
CRT	106.6 82 - 152	0.6 0.3 - 1.1	1.3 0.8 - 2.7	73.2 60 - 78	58.0 44 - 67	63.7 52 - 70	0.0 0.0 - 2.2
CKH		8.0 4.3 - 8.3	2.3 0.8 - 1.9	61.3 64 - 77		62.6 52 - 69	
CFF					20.7 15 - 30	21.7 15 - 32	