

Admission INR in the assessment of coagulopathy in trauma

Autores André Gusmão Cunha ^{1,2,3}, Ana Celia Diniz Cabral Barbosa Romeo ¹, Oddone Freitas Melro Braghirolii ², Pedro Humberto Félix de Sousa Filho ², Geraldo Pedral Sampaio ³, Andréa Mendonça Gusmão Cunha ³, Roberto José Meyer Nascimento ³

Instituição ¹ HS - Hospital do Subúrbio (Rua Manuel Lino, s/n - Estrada Velha de Periperi, Salvador - BA, 40720-460), ² FMB/UFBA - Faculdade de Medicina da Universidade Federal da Bahia (Praça Conselheiro Almeida Couto, s/n - Largo do Terreiro de Jesus, Salvador - BA), ³ ICS/UFBA - Instituto de Ciências da Saúde/UFBA (Av. Reitor Miguel Calmon, 1272 - Canela, Salvador - BA, 40231-300)

Resumo

INTRODUÇÃO

Hemorrhage is the leading cause of hospital death from trauma and about 25% of polytrauma patients are admitted with coagulopathy. Few services in the world have a thromboelastogram for the diagnosis of coagulopathy in trauma.

OBJETIVOS

This study uses the admission NIR to compare clinical, laboratory and hospital outcomes of polytrauma patients.

MATERIAIS & MÉTODOS

Prospective cohort study of polytrauma patients admitted to the Hospital do Subúrbio. Clinical data (trauma mechanism, hemorrhagic shock) and final outcomes (blood transfusion and mortality) were extracted from the Electronic Records System, compiled to a Business Intelligence (BI) system, and subsequently exported to an Excel file. Laboratory data (INR, R, platelets, fibrinogen) were evaluated at admission (<1h). Patients with admission INR were divided into two groups - without coagulopathy (C-), with INR <1.2; And with coagulopathy (C +), with INR > 1.2 - and their data were compared.

RESULTADOS

2602 polytrauma patients admitted to the Hospital do Subúrbio from June / 2015 through November / 2016, from which 1074 patients had an admission INR, with 300 C + patients (27.9%). C + patients had a higher incidence of penetrating trauma (50.7% vs. 23.4%, p <0.001), hemorrhagic shock (18.3% vs. 2.7%, p <0.001), and need for surgery (70, 7% vs. 60.1%, p = 0.001), ICU admission (40.7% vs. 18.6%, p <0.001), length of hospital stay (5.4 days vs. 3.9 days, P <0.001), change in admission R, platelets and fibrinogen (p <0.001), transfusion rate of blood components (p <0.001) and mortality rate (27.7% vs. 4.1%, p <0.001).

Palavras-chaves: Trauma, Coagulopathy, Shock