BEFORE PATIENT ARRIVAL
- Room temperature 25°C or higher
- Warm IV Line
- Machine Check
- Airway Equipment
- Emergency Medications
- **BLOOD BANK:** “6U O Neg PRBC, 6U AB FFP, 5-6 Units of random donor plat (1 standard adult dose) available”

PATIENT ARRIVAL
- Patient identified for trauma / emergency surgery?
- **BLOOD BANK:** “Send blood for T&C and initiate MTP now!”
- IV Access
- Monitors (SaO2, BP, ECG)
- **SURGEON:** “PREP & DRAPE!”
- Pre-oxygenation

INDUCTION
- Sedative hypnotic (ketamine v. propofol v. etomidate)
- Neuromuscular Blockade (succ v. roc)

INTUBATION
- (+) ETCO₂ → **SURGEON:** “GO!”
- Place Orogastric Tube

ANESTHETIC
- (Volatile Anesthetic and/or Benzodiazepine) + Narcotic
- Consider TIVA
- Insert additional IV access if needed and an arterial line

RESUSCITATION
- Send baseline labs
- Follow MAP trend
- Goal FFP:PRBC controversial, but consider early FFP
- Goal Urine Output 0.5-1 mL/kg/hr
- Consider tranexamic acid if <3 hr after injury; 1 gm over 10 min x1, then 1gm over 8 hrs
- Consider calcium chloride 1 gm
- Consider hydrocortisone 100 mg
- Consider vasopressin 5-10 IU
- Administer appropriate antibiotics
- Special Considerations for TBI (SBP > 90-100 mmHg, SaO2>90%, pCO2 35-45mmHg)

CLOSING / POST-OP
- **ICU:** “Do you have a bed?”
- Initiate low lung volume ventilation (TV = 6mL/kg ideal body weight)

*Figure 1.* Checklist for trauma and emergency anesthesia.