

# Top 10 for ATLS 10<sup>th</sup> Edition: *What you Need to Know*

1

## Blood products

Some crystalloid is OK, but move toward PRBC, FFP, and platelets after 1L of crystalloid

3

## Intubation

Tailor your drug-assisted intubation to the needs of each patient: A muscle relaxant is not always indicated

5

## Chest tubes

Bigger is not better:  
Use smaller chest tubes (28-32F)

7

## Rectal exam

Rectal exam is not required in all patients: Perform only when there is added value

9

## Direct oral anticoagulants (DOACs)

Management of life threatening bleeding or need for emergent surgery:  
a) Idarucizumab (Praxbind) is indicated for reversal of dabigatran  
b) Octaplex (PCC) may reverse the anticoagulant effect of all DOACs

## Tranexamic (TXA)

TXA should be given to all seriously injured patients

2

## Focused assessment with sonography for trauma (FAST)

FAST should be done in every hypotensive patient

4

## Thoracostomy

Needle thoracostomy should be done in the 4th/5th intercostal space mid axillary line, especially in obese patients

6

## Head injury

In patients with head injury, maintain a systolic blood pressure >100mmHg

8

## Transfers

Do not delay transfer of patients in order to get a CT scan. In NS, contact TTL to plan imaging:

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**1-800-743-1334**