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Monitoring Base Deficit

Purpose: To identify shock and guide resuscitation needs in the seriously injured trauma patient to reduce mortality and morbidity

Guidelines:

- A. Initial patient deficit levels should be drawn on all Category I trauma patients and/or other trauma patients as identified to assess for shock and resuscitation end point unless cancelled by the trauma surgeon.
- B. For trauma patients with a Base Deficit > 4
 - a. Monitor base deficit every 2 hours until the base deficit is improving
 - b. Once improving, continue base deficit monitoring every 4 hours until base deficit < 4 or otherwise clinically resuscitated
 - i. Correct hypoxemia, hypovolemia, ongoing bleeding
 - c. The physician may elect to continue monitoring

References:

- Davis JW, Sue LP, Dirks RC, Kaups KL, Kwok AM, Wolfe MM, Lilienstein JT, Bilello JF. Admission base deficit is superior to lactate in identifying shock and resuscitative needs in trauma patients. Am J Surg. 2020 Dec;220(6): 1480-1484. Doi: 10.1016/j.amsurg.2020.10.005.
- Advanced Trauma Life Support 10th Edition etc.
- Initial Management of moderate to severe hemorrhage in the adult trauma patient. UpToDate August 30, 2022