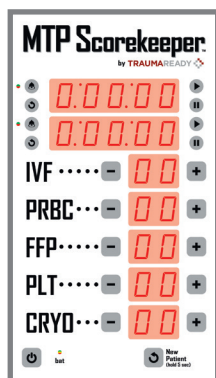


# MTP Scorekeeper™

by TRAUMAREADY

## Features

- 5 independent counters to keep track of the 5 components of blood infusion.
- 2 independent timers to remind team members to reassess the resuscitation periodically to avoid task fixation.
- 2 distinct and audible chimes alerting staff to a 10 minute time mark.
- 3-4 hours of battery life providing the ability of the MTP ScoreKeeper to travel with the patient.
- Independent of any network connections.
- Can be seen from across the room.
- A very intuitive design.
- Mounts conveniently to an IV pole in close proximity to a mass infuser.
- Attractive “scoreboard” design

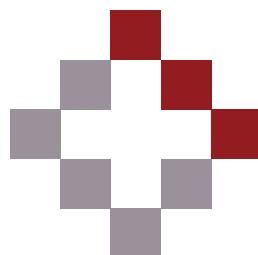


## Why TraumaReady?

MTP Scorekeeper was developed by the people that struggle with the problem routinely.

It was developed with input from over 100 years of combined trauma surgery experience as well as nursing and blood banker input.

The MTP Scorekeeper is the simple solution to a common problem.



### TRAUMAREADY

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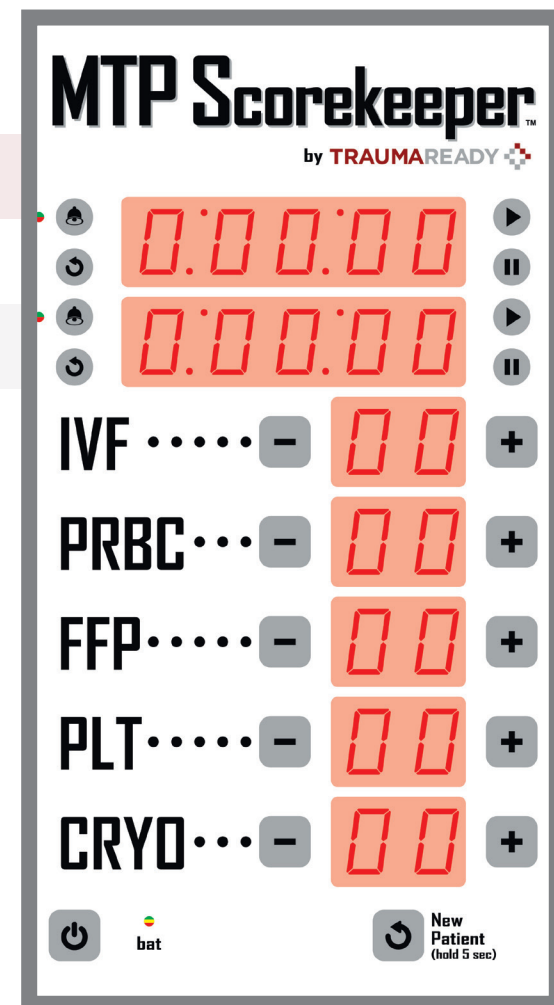
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*HOW DO YOU KEEP  
TRACK OF YOUR  
TRANSFUSION RATIOS?*



[www.traumaready.com](http://www.traumaready.com)

# The Problem

There are three logistical problems when trying to manage a rapidly bleeding patient:

- Providing a balanced ratio of blood products as part of a massive transfusion protocol has been shown to improve outcomes.<sup>1,2</sup>
- Limit the amount of crystalloids a patient receives, which also improves survival in hemorrhagic shock.<sup>3</sup>
- Maintain situational awareness to ensure a patient is managed in a timely manner, which avoids the chaos of reacting to changes in the patient's condition as opposed to preventing them.<sup>4</sup>

## Accreditation

Bodies that accredit trauma centers require that transfusion ratios be recorded, reported and benchmarked across comparable trauma centers.

Transfusion ratios is an important aspect of a trauma center's accreditation process, because it is simply good patient care and leads to better outcomes.

The Trauma Quality Improvement Program, which is a key component of the

American College of Surgeons Trauma Center Accreditation process, states that a key performance indicator is "adherence to a predetermined [transfusion] ratio".<sup>5, 6</sup>

Despite being a requirement, accrediting bodies do not provide guidance as to how to accomplish this in real time.

**"HOW DID ANYONE  
LIVE WITHOUT IT?"**



### References

1. Borgman MA, Spinella PC, Perkins JG, et al. The ratio of blood products transfused affects mortality in patients receiving massive transfusions at a combat support hospital. *J Trauma*. 2007;63(4):805-13.
2. Holcomb JB, Jenkins D, Rhee P, et al. Damage control resuscitation: directly addressing the early coagulopathy of trauma. *J Trauma*. 2007;62(2):307-10.
3. Bickell WH, Wall MJ, Pepe PE, et al. Immediate versus Delayed Fluid Resuscitation for Hypotensive Patients with Penetrating Torso Injuries. *N Engl J Med* 1994; 331:1105-1109.

## Current Challenges

Until now, Trauma centers were forced to use inefficient methods in tracking the ratios.

### **Staff can track through the EMR.**

- Team cannot see ratios in real-time
- Surgeons cannot monitor during damage control surgery

### **Use of a white board or clipboard**

- Not easily visible
- Does not follow patient from ER to the OR to the ICU.

### **"Wing it"**

- Count blood bags on the floor after a trauma case.
- Record blood bags on bed sheet or the palm of a staff's hand.

4. Arul GS, Puch HJ, Mercer SJ, et al. Optimizing Communication in the Damage Control Resuscitation-Damage Control Surgery Sequence in Major Trauma Management. *J R Army Med Corps*. 2012 Jun;158(2):82-4.
5. Committee on Trauma of the American College of Surgeons. ACS TQIP Massive Transfusion in Trauma Guidelines. American College of Surgeons; Chicago, IL, 2015.
6. Cannon JW, Khan MA, Raja AS, et al. Damage control resuscitation in patients with severe traumatic hemorrhage: A practice management guideline from the Eastern Association for the Surgery of Trauma. *J Trauma Acute Care Surg*. 2017 Mar;82(3):605-617.