

January 16 Meeting Minutes

Attendees:

Kate Bhole
Brian Conom
Cavelle Frederick
Elizabeth Evans
Terri Goodman
Kathleen
JD Buchert

Celebrations – JD has been nominated as president for AORN. Please vote. Candidate speeches will be a week from Saturday. Information for registration on the AORN website.

November Meeting minutes approved and online

Cookbook – JD and Greg are leading. Plan is for a May 2024 rollout. JD wants to open it to other chapters in Texas. They have over 50 recipes. He asked Terri to send something out to the other chapters.

Global AORN Expo is March 9-12

Delegates for the Dallas chapter so far – JD, Sherah, Terri, Kate
The organ transplant presentation will be Saturday with Liz Evans presenting.
JD also has posters and a presentation as well – be sure and support him.
Terri will post it online

TCORN – Working to strengthen the organization. They are working on re-doing the bylaws. They are also waiting for the regulatory process for smoke evacuation to resume. He is waiting to hear from the attorney, and waiting for final approval before it can go into effect. They are trying to get it onto the schedule early for next session.

Adopt a Family Our chapter donated \$600.00 in gift cards to a Scottish Rite Family.

Golf fundraiser – Kathleen researched Top Golf, and the fee would have to be 150.00/person to raise money. We may consider a AORN fun event at Top Golf instead.

Kathleen will organize an April new members mixer for the 2023 and 2024 new members. More information to come.

Kate is sending out a survey after our meeting for suggestions to make our chapter more relevant

Mass Transfusion Protocol What's New in Fluid Resuscitation for Hemorrhagic Shock

Dr. Alan Frankfurt

The current ratio for MTP is 1:1:1 - (1) plasma, (1) platelets and (1) unit PRBC
GWOT Global War On Terror has provided new insight and information from veteran's traumatic injuries on the battle field.

He recommended an article by Matt Borgman regarding hemorrhagic shock add plasma to the protocol.

2023 MTP

He explained the current practice is 1PRBC 1 FFP 1 Platelet 1 Cryoprecipitate and recent studies have called into question the efficacy of using whole blood for hemorrhagic shock.

He went on to explain the journey from whole blood (WWI) to adding crystalloid fluid (Korean and Vietnam war) forward to GWOT (Afghanistan) no crystalloid. It was finally changed to 1:1:1 and now research is leading towards fresh warm whole blood (back to WWI)

Whole blood was replaced by component therapies during a time when medicine transitioned due to a cancer resuscitation emphasis.

Medicine is now stumbling back to 1:1 ratio of plasma to whole blood related to 2004 article by Dr. Dutton which discussed changing to a 1:1 ratio of PRBC and plasma (FFP)

In the recent past MTP has been administratively driven (Labs to determine needs) vs physiologically driven which is (as close to whole blood as possible)

New research is emphasizing Hemoglobin/hematocrit and its importance for clotting strength. Those values also recognize the below 360cc O2 delivery patients develop shock, and the longer they are in shock and the increasing need to repay oxygen debt - the more shock patients experience which creates irreversible shock.

Low hematocrit reduces platelet interfacing with endothelium

By comparison whole blood as compared to 1:1:1 ratio new research is finding that whole blood easier to administer than component therapy

End time 1945