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Fluid Resuscitation in Tactical Combat Casualty Care: Yesterday and Today.

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Abstract

The prevailing wisdom for the prehospital fluid resuscitation of trauma victims in hemorrhagic shock in 1992 was to administer 2 L of crystalloid solution as rapidly as possible. A review of the fluid resuscitation literature found that this recommendation was not well supported by the evidence at the time. Prehospital fluid resuscitation strategies were reevaluated in the 1993-1996 Tactical Combat Casualty Care (TCCC) research program. This article reviews the advances in prehospital fluid resuscitation as recommended by the original TCCC Guidelines and modified over the following 2 decades. These advances include hypotensive resuscitation, use of prehospital whole blood or blood components when feasible, and use of Hextend or selected crystalloids when logistical considerations make blood or blood component use not feasible.

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