

MAJOR HAEMORRHAGE PROTOCOL

Rapid blood loss with shock or with no likelihood of control
Anticipated or actual administration of 40 mL/kg of blood

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MAJOR HAEMORRHAGE ACTIVATION

**Phone 2222 & state “MAJOR HAEMORRHAGE”
Give Ward Name/Location, Level and Building**

This 2222 call informs the GOSH major haemorrhage team via a bleep system

THEN CONTACT THE BLOOD TRANSFUSION LABORATORY

Bleep 0590

Information needed by the Blood Transfusion Laboratory:

- Patient identification details (name, date of birth, MRN)
- Patient weight
- Patient location
- Name of caller
- Name of nominated person who will continue to communicate with the laboratory
- Telephone number for the Laboratory to call the clinical area

The major haemorrhage management plan (see over the page) will always be followed unless the Laboratory are instructed otherwise

Where to collect emergency O Negative “flying squad” blood:

- Blood Transfusion Laboratory, Level 1, Camelia Botnar Laboratories - 2 units
- MSCB Theatres, Level 3, MSCB - 2 units*

**Unless the person collecting blood has access to Theatres blood fridge, they should collect the flying squad blood from the Blood Transfusion Laboratory*

**DO NOT CALL THE PORTERS
THEY ARE NOT PART OF THE MAJOR HAEMORRHAGE PROTOCOL**

Please inform the Blood Transfusion Laboratory when the major haemorrhage situation is stood down

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MAJOR HAEMORRHAGE MANAGEMENT

Send blood samples

- Group & screen sample should be taken as a priority if no valid sample in the Blood Transfusion Laboratory (this will be discussed during the phone call with the Blood Transfusion Laboratory)
- Take a full blood count sample as a baseline and then hourly if possible
- Take a clotting screen sample as a baseline and hourly if possible
- Take a U&Es sample if possible
- Sample requests should be made via Epic
- Samples should be labelled using an Epic wristband scan to print the sample labels
- Extra care must be taken if hand labelling the group & save sample to prevent errors

THIS PLAN WILL ALWAYS BE FOLLOWED UNLESS THE LABORATORY ARE INSTRUCTED OTHERWISE

- Use Emergency O Negative ("Flying Squad") blood until group compatible blood available

Request Immediately:

- 20 ml/kg red blood cells (RBCs)
- 20 ml/kg Octaplas (fresh frozen plasma FFP)
- **Give RBCs:Octaplas in 1:1 ratio** (take account of emergency O Negative blood given before issued RBCs)

For ongoing bleeding:

- Continue with RBC:Octaplas 1:1 ratio as above
- Consider Platelets 15 ml/kg
- Consider Cryoprecipitate 10 ml/kg
- Consider Tranexamic Acid – 10-15 mgs/kg bolus
- Consider Fibrinogen Concentrate (discuss with haematologist – see below)
- Continue to monitor and call the Blood Transfusion Laboratory to order further components if patient still bleeding

Availability of Blood

Immediate

Emergency O Negative red blood cells

10 minutes

Group specific red blood cells (if 2 or more group & save samples previously processed within the Laboratory)

45 minutes

Crossmatched red blood cells (after receipt of sample if no valid sample available)

90 minutes

If no previous group & save samples on patient (after receipt of second sample)

Availability of Blood Components

Octaplas (FFP)

45 minutes to thaw (if none defrosted on stand-by)

Cryoprecipitate

15-30 minutes to thaw

Platelets

2 pools on site (immediate): emergency delivery up to 3 hours

Please discuss ongoing management with the Haematology Clotting SpR (Bleep 0381/ via Switchboard OOH) and / or Haemophilia Consultant for specialist coagulation and dosing advice