PAEDIATRIC MAJOR HAEMORRHAGE PROTOCOL

Rapid blood loss with shock or with no likelihood of control.

Anticipated or actual blood loss of 80mls/kg in 24 hours,

40 mL/Kg in 3 hours or 2-3mls/kg/min

FOR USE IN CHILDREN under 50Kg For larger children - use adult protocol

Call 2222. State "Paediatric Major Haemorrhage". Give Hospital and Location

Nominated blood monitor MUST CONTACT Blood Transfusion with the following:

- 1. Patient Identification
- 2. Approximate weight of child
- 3. Patient Location
- 4. Name and contact details of nominated blood monitor for on-going communication
- 5. Cause of bleeding (if known)
- 6. Confirm Group & Screen, Full Blood Count & Coagulation Screen samples are sent to laboratories Consider using paediatric blood bottles

Call the Blood Transfusion Laboratory

24 hours a day Ext. 22043 Out of hours Bleep 1611

The Blood Transfusion Laboratory will issue:

20ml/kg O negative RBC & 20ml/kg FFP

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20ml/kg group specific* RBC & 20ml/kg FFP

(*if valid sample in Laboratory. If no valid samples continue to issue emergency blood)

Clinicians to administer Tranexamic Acid (except in GI bleeds)

Once these

The laboratory will continue to issue until stood down from MHP:

20ml/kg RBC 20ml/kg FFP

10ml/kg Cryoprecipitate

45 1/1 District

15ml/kg Platelets (up to 1 pack)

After 80ml/kg RBC consider:

Fibrinogen Concentrate (50mg/kg)

Recombinant Factor VIIa (in discussion with

Haematology medical team)

Porters:

- Report to Transfusion Lab to collect blood, then to ward, except for:
- A+E at SMH & CXH: Report to A+E whereby staff will tell porters when to collect blood components
- Porters ext. 25293 at SMH

Availability of Blood Components For Collection

Packed Red Blood Cells Immediately available

Pre-thawed Fresh Frozen Plasma Immediately available

Cryoprecipitate
30 minutes to thaw

Platelets Immediately available

The clinical area will:

- 1. Nominate two blood monitors to ensure effective management of blood components and communicate with the transfusion laboratory staff
- 2. Send full blood count & coagulation screen samples as a baseline
- 3. Send repeat group & screen sample if requested
- 4. Discuss on-going management including authorisation of other clotting factors with the Haematology medical team (via Switchboard if contact details not known)
- 5. Inform the Blood Transfusion Laboratory when STOOD DOWN

PAEDIATRIC MAJOR HAEMORRHAGE ALGORITHM (<50KG)

Stop the bleeding

- Direct pressure
- Tourniquet
- Pelvic binder, limb splints
- Damage control surgery
- Interventional radiology
- Nominate two senior blood monitors
- Send porter to collect blood products urgently
- Liaise with lab regularly

Delivery method

- <20 kg Ranger fluid warmer + syringe
- ≥20 kg Belmont rapid infuser

Risks

- Hypothermia
- Hypocalcaemia
- Acidosis
- Coagulopathy inc ↓ Fib
- · Hyperkalaemia

Aims

 Fib
 > 2 g/l

 iCa²⁺
 > 1.2 mmol/l

 Hb
 ≥ 8 g/dl

 Plt
 > 100 x10⁹/l

 INR
 < 1.5</th>

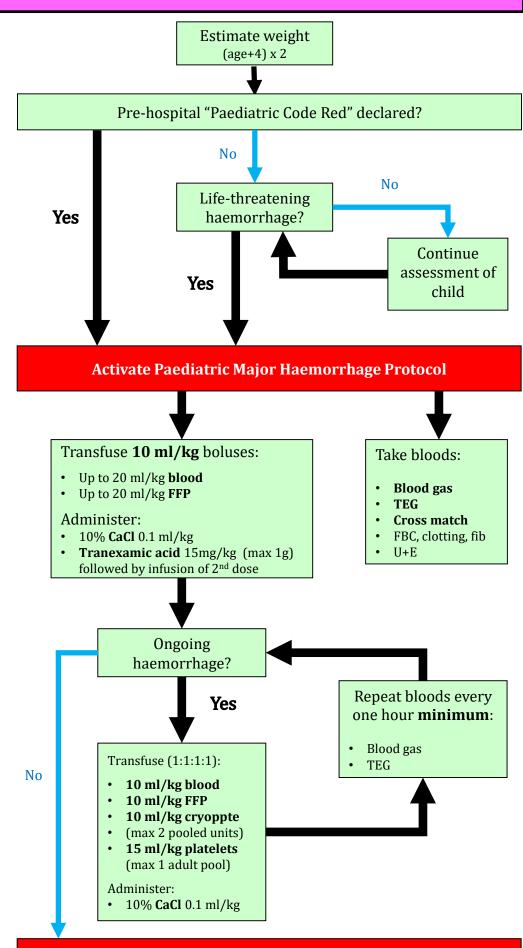
 APTR
 < 1.5</th>

 pH
 > 7.30

 T°
 > 36° C

After 80 ml/kg of blood consider:

- Fibrinogen Concentrate50 mg/kg
- Recombinant Factor VIIa in discussion with haematologist



Deactivate Paediatric Major Haemorrhage Protocol