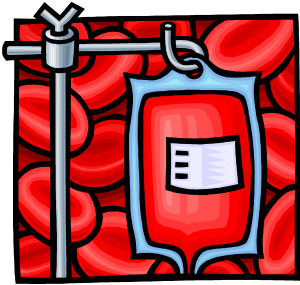


OBSTETRIC Major Haemorrhage Protocol (OMHP) BOX 1



MRN: _____

Surname: _____

Forename: _____

D.O.B. _____

Females of reproductive age (i.e. under 50 years) whose blood group is unknown **MUST** be given **D Negative red cells and platelets** in order to avoid sensitization and risk of haemolytic disease of the newborn in subsequent pregnancy.

BEFORE USING THESE PRODUCTS A SAMPLE MUST BE TAKEN FOR:

- **GROUP & SAVE** (CROSSMATCH)
- **FBC**
- **COAGULATION**

Return within stated time

DATE: _____

RETURN BY TIME: _____

Tranexamic Acid given? YES	ROTEM performed? YES
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Red Blood Cells Transfused	Red Blood Cell 1 Affix sticker	Red Blood Cell 2 Affix sticker	Red Blood Cell 3 Affix sticker	Red Blood Cell 4 Affix sticker
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NOTE: OBSTETRIC PATIENTS ONLY (No FFP)