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Integrated	Laboratory	Medicine Direc	ċ1

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Integrated Laboratory Medicine Directorate Blood Transfusion Page 1 of 1

BS-Forms-BT-14b

Revision 7

PAEDIATRIC or <50Kg Patient MHP BOX 1

	MRN:		AFFIX QR BARCODE LABEL HERE
BEFORE USING THESE PRODUCTS SAMPLES MUST BE TAKEN FOR:		Blood Products in this box are valid for 2 hours from collection. Please ensure box is returned within stated time. NOTE: If Platelets are not required return to lab immediately.	

GROUP & SAVE (CROSSMATCH)	DATE:
FBC	
COAGULATION	RETURN BY TIME:

CODE RED? YES	S/NO Tranexamic Acid given? YES / NO (give within 3hrs of trauma)			Cell Saver? YES / NO
Platelet Transfused	Platelet 1 (<16yr / <50kg) Affix sticker	Children of unkno	own blood group l red cells and pla	MUST be given D negative Itelets.
Red	Red Blood Cell	Red Blood Cell	Red Blood Cel	Paediatric Major Haemorrhage
Blood Cells	1	2	3	Age/Weight RBC FFP* Plt
Transfused	(<1yr / <10kg)	(1-10yr / 10-30kg)	(10-16yr / 30-50k	<1 year 1 1 1 <10 Kg
	Affix sticker	Affix sticker	Affix sticker	1-10 Years 2 2 1 10-30 Kg 2 2 1
				10-16 Years 3 3 1 30-50 Kg 3 1
	Fresh Frozen Plasma	Fresh Frozen Plasma	Fresh Frozen Plasma	>16 yearsRefer to Adult>50 KgProtocol
Fresh Frozen	1	2	3	*Octaplas will be provided after pack 1 for patients <1 Year Old Paediatric MH Pack 2 and
Plasma Transfused	(<1yr / <10kg)	(1-10yr / 10-30kg)	(10-16yr / 30-50k	Cube a superior MUL Databas
	Affix sticker	Affix sticker	Affix sticker	-5ml/Kg Cryoprecipitate

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