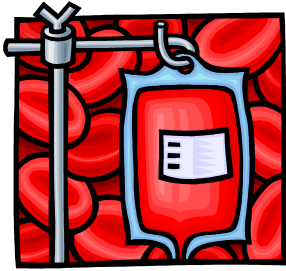


PAEDIATRIC or <50Kg Patient MHP BOX 2 & SUBSEQUENT BOXES



MRN: _____
Surname: _____
Forename: _____
D.O.B. _____

**AFFIX QR BARCODE LABEL
HERE**

**BEFORE USING THESE PRODUCTS SAMPLES
MUST BE TAKEN FOR:**

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

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.

DATE: _____

RETURN BY TIME: _____

<p>Platelet Transfused</p>	<p>Platelet (<16yr / <50Kg)</p> <p>Affix sticker</p>	<p>Cryoprecipitate Transfused</p>	<p>Cryoprecipitate (<16yr / <50Kg)</p> <p>Affix sticker</p>	<table border="1"> <thead> <tr> <th colspan="4">Paediatric Major Haemorrhage</th> </tr> <tr> <th>Age/Weight</th> <th>RBC</th> <th>FFP*</th> <th>Plt</th> </tr> </thead> <tbody> <tr> <td><1 year <10 Kg</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>1-10 Years 10-30 Kg</td> <td>2</td> <td>2</td> <td>1</td> </tr> <tr> <td>10-16 Years 30-50 Kg</td> <td>3</td> <td>3</td> <td>1</td> </tr> <tr> <td>>16 years >50 Kg</td> <td colspan="3">Refer to Adult Protocol</td> </tr> </tbody> </table> <p>*Octaplas will be provided after pack 1 for patients <1 Year Old</p> <table border="1"> <thead> <tr> <th colspan="2">Paediatric MH Pack 2 and Subsequent MH Packs</th> </tr> </thead> <tbody> <tr> <td colspan="2">- Red Blood Cells, FFP* and Platelets as in Paediatric MH Pack 1 -5ml/Kg Cryoprecipitate</td> </tr> </tbody> </table>	Paediatric Major Haemorrhage				Age/Weight	RBC	FFP*	Plt	<1 year <10 Kg	1	1	1	1-10 Years 10-30 Kg	2	2	1	10-16 Years 30-50 Kg	3	3	1	>16 years >50 Kg	Refer to Adult Protocol			Paediatric MH Pack 2 and Subsequent MH Packs		- Red Blood Cells, FFP* and Platelets as in Paediatric MH Pack 1 -5ml/Kg Cryoprecipitate	
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