EoE RTC V7 June 2026

Major haemorrhage in adults

Pulse>110, RR>30 **Urine <20mls/h**

Hypotensive in trauma, systolic BP< 90mmHg

≥ 40% loss of total blood volume 4 litres in 24 hours 2 litres in 3 hours

GET SENIOR HELP

Initiate major haemorrhage protocol by contacting relevant staff members and teams e.g. resus

Contact Transfusion Laboratory

Important phone numbers and prompts to tell the laboratory

Assess ABC

IV Access

Check patient identification – ID / Wristbands

2 large cannula

- Send blood samples: cross match, FBC, coagulation, biochemistry
- Consider arterial blood gas measurement
- Give tranexamic acid for trauma and obstetric patients and consider for others. Dose: 1g IV over 10 minutes then 1g over 8 hours

Resuscitate

Warm IV fluids as per local policy

Give oxygen

Give Blood

Give up to 4 units via blood warmer

Aim for Hb>80g/L

Give Group O if immediate need and/or blood group unknown

Prevent Coagulopathy

Anticipate need for platelets and FFP after 4 units blood replacement & continued bleeding

- If you use TEG/ROTEM please follow local policy
- Give Primary Major Haemorrhage (MH) Pack
- Order Secondary Major Haemorrhage Pack
- Correct hypothermia
- Correct hypocalcaemia (keep ionised Ca>1.13mmol/l)
- **Send FBC & coagulation samples after every 3 – 5 units of blood given**
- **Contact Haematologist**
- **If bleeding continues repeat secondary pack**

Non-Trauma Primary MH Pack

- RBC 4 units
- FFP 4 units

Alternate FFP & RBC

Aim for FFP:RBC ratio 1:2

Trauma MH Pack

- RBC 4 units
- FFP 4 units
- Platelets 1 unit

Aim for FFP:RBC 1:1

Secondary MH Pack

- Maintain FFP:RBC ratios as per primary packs
- 2 units Cryoprecipitate
- Platelets

When lab results available:	
IF	**GIVE**
APTT and/or PT ratio>1.5	FFP 15-20 ml/kg
Fibrinogen <1.5g/L & Obstetrics <2g/L	Cryoprecipitate (2 pools)
Platelets <50 x 10^9/l	Platelets 1 unit.

Get help to stop bleeding