East of England Regional Transfusion Committee

NHS

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
Extension 2905/2905

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

IV warm fluids – crystalloid or colloid
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

Primary MH Pack

- RBC 4 units
- FFP 4 units

Alternate RBC & FFP
Aim for RBC:FFP ratio 2:1

Trauma Primary MH pack

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

Aim for RBC:FFP 1:1

Secondary MH Pack

- RBC 4 units
- FFP 4 units
- Platelets
- Cryoprecipitate

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

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