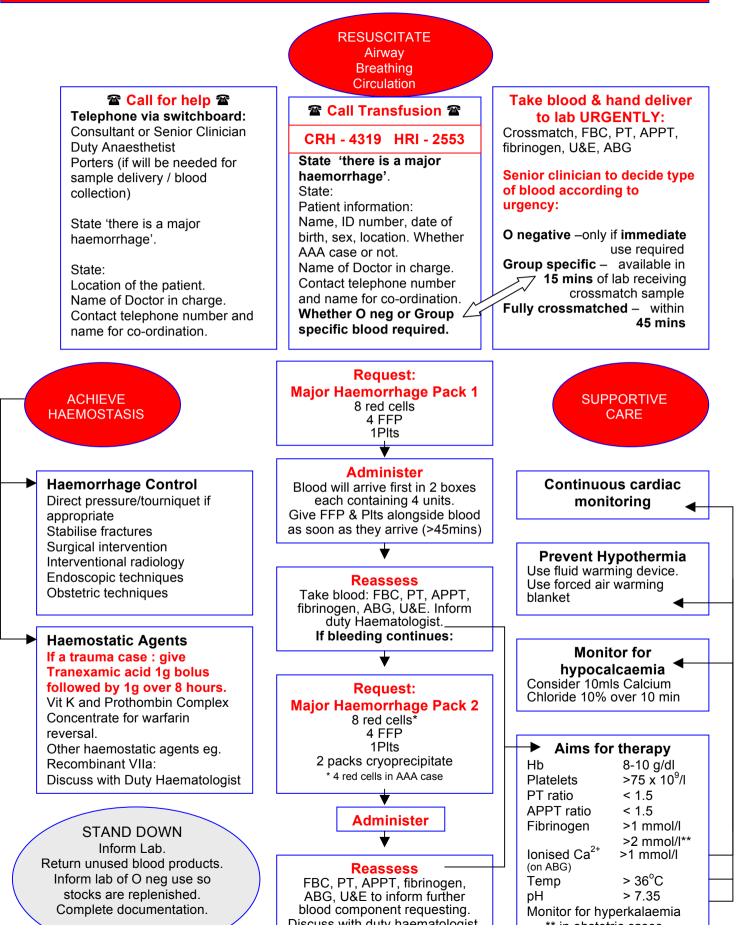
Major Haemorrhage Transfusion Pathway

SENIOR CLINICIAN ASSESSMENT: DECLARES MAJOR HAEMORRHAGE



Massive Haemorrhage Co-ordinator Prompt / Checklist

| Patient's Full Name: | | |
|-----------------------|------|--|
| Date of Birth: | | |
| ID/Hospital number: | | |
| Co-ordinator name(s): | | |
| Location(s): | | |
| Today's date: | | |

| Task | Contact Name or Nº | Done | Time | Signature |
|--|--------------------------|------|------|-----------|
| Contact consultant. | | | | |
| Contact anaesthetist. | | | | |
| Contact other members medical team. | | | | |
| Check blood samples sent Crossmatch, FBC, Clotting, fibrinogen, U&E, ABG. | | | | |
| Request Major Haemorrhage Pack 1 from Transfusion lab. | CRH - 4319 HRI - 2553 | | | |
| Arrange collection of blood products. | | | | |
| While pack 1 being given, call for FBC, clotting results. | | | | |
| Request Major Haemorrhage Pack 2 if clinically indicated. | | | | |
| After pack 1 administered send repeat bloods. | | | | |
| Continue to monitor FBC, clotting, U&E, ABG. Document results and order blood products. | | | | |
| Call consultant haematologist if advice needed. | | | | |
| Inform Transfusion of stand down and whether O neg stocks need to be replaced. Return unused products. | | | | |
| Ensure ALL blood components fated & documented. | | | | |

| Time | FBC results | Time | Clotting results | Time | U&E, ABG results |
|------|-------------|------|------------------|------|------------------|
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Major Haemorrhage Transfusion Record

PACK 1

| 4 units red cells Time box received | 4 units red cells Time box received | 4 units FFP Time box received |
|---|---|---|
| Attach filled in peel off stickers | Attach filled in peel off stickers | Attach filled in peel off stickers |
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| | | |
| 1 unit platelets | | |

1 unit platelets Time box received.....

Attach filled in peel off sticker

Calderdale and Huddersfield NHS

NHS Foundation Trust

| PACK 2: 4 units red cells Time box received | 4 units red cells Time box received | 4 units FFP Time box received |
|---|--|------------------------------------|
| Attach filled in peel off stickers | Attach filled in peel off stickers | Attach filled in peel off stickers |
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| 1 unit platelets Time box received | 2 packs cryoprecipitate | Time box received |
| Attach filled in peel off stickers | Attach filled in peel off stickers | |
| | | |
| | | |

Further blood products and/or prothrombin complex, recombinant factor VIIa:

Document time received and administered, attach filled in peel off stickers