

# Major Haemorrhage?

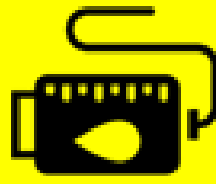
Declare the emergency:  
 ‘This is a major haemorrhage!’

## Communicate



- Call 2222
- Say ‘major haemorrhage in [where you are]’
- Discuss what blood products you need + urgency with BTS
- Choose a leader
- Nominate a scribe
- Select one person to liaise with to BTS lab and Haematologist
- Utilise designated Haemorrhage Porter (reports to location)

## Resuscitate



- ABCD
- Obtain Large bore peripheral venous access
- Send base-line blood samples & G+S
- Maintain perfusing blood pressure SBP>100
- Avoid excessive Crystalloid
- Aim Hb>8g/dL
- Utilise Source control
- Consider Tranexamic Acid

## Anticipate



- Hypovolaemia
- Hypothermia
- Coagulopathy
- Acidosis
- Hypocalcaemia
- Circulatory overload

## De-escalate



- Stand-down major haemorrhage response (by bleeping #6248)
- Return unused products within 30 mins
- Return blue tags

## How long?

O negative blood	2 units immediately
Group Specific	10mins from sample receipt
Electronic Release	5-10mins with suitable sample
Manual X-Match	50mins or more
FFP & Cryoprecipitate	20mins defrost time
Platelets	1 <sup>st</sup> pool- immediate Further pools from Edinburgh

## Options

Source control: Apply direct pressure, tourniquet, theatre, endoscopy or interventional radiology referral  
 TXA useful in obstetric haemorrhage (1g) & within three hours of trauma (1g stat then 1g over 8 hours)  
 Repeat bloods frequently: FBC, U+E, Ca, lactate, coag + ABG  
 Start FFP by 4<sup>th</sup> unit RCC  
 Start Platelets by 6<sup>th</sup> unit RCC  
 Replace Ca<sup>2+</sup> with 20ml 10% Calcium Gluconate  
 Patient warming Bair Hugger + blankets  
 Fluid warming Ranger or Belmont rapid infuser  
 Urinary catheterisation with urometer  
 Warfarin + DOAC reversal: Beriplex + Andexanet

## Useful contacts

Blood Transfusion	Bleep 6247/ext 26248
Haematologist(24hrs)	Bleep 6246/Switchboard/OOH
Labs for urgent samples	Bleep 6244(bio)/6247(haem)