VICTORIA HOSPITAL MAJOR HAEMORRHAGE PROTOCOL

9am - 4:30pm MAJOR HAEMORRHAGE **SWITCHBOARD** PHONE SWITCHBOARD: 2222 Take samples for CONTACTS: **ADVISE "MAJOR HAEMORRHAGE"** processing at satellite STATE: HOSPITAL, WARD & EXT NUMBER lab on site Blood Bank This will NOT alert RESUS or any other specialist **BMS** who will **FBC** contact clinical Clotting Screen area to **Biochemistry** establish CALL FOR ANY ADDITIONAL SUPPORT & NOMINATE: requirements Samples to be sent to • CLINICAL LEAD - Overall charge **QEUH** by taxi • COMMUNICATION LEAD - handle all calls Portering Service who • HAEMORRHAGE MONITOR- Keep track of Emergency components given & estimated blood loss. Check all will attend Crossmatch samples and forms. clinical area After 4:30pm Haematologist All completed samples & request **USE EMERGENCY BLOOD** forms should be sent (3 O RhD Pos and 3 O RhD Neg UNITS in Clinic P) to QEUH by taxi Inform Blood Bank QEUH Tel 89104/89105 immediately if you remove emergency blood from blood fridge. **Consider Tranexamic Acid** MAJOR HAEMORRHAGE MAJOR HAEMORRHAGE AFTER 9AM - 5PM5PM - 9AM **CALL 999 AMBULANCE** ONGOING BLEEDING Contact Blood Bank QEUH Request immediate transfer to QEUH A&E Ext 89104/89105 Inform A&E 82828 And Duty Haematologist Consider additional blood and blood products **MAINTAIN** Hb > 80q/lPlatelets > 80x10⁹/l **CONSIDER TRANSFER OF PATIENT PT < 18s** TO QEUH **APTT < 45s** Fibrinogen > 1.5g/l

COMMUNICATION LEAD MUST NOTIFY BLOOD BANK (QEUH: 89104/89105)

- IF PATIENT IS TRANSFERRED TO NEW LOCATION
- IF BLEEDING IS CONTROLLED TO "STAND DOWN"