Massive Haemorrhage - Summary Clinical Guideline Reference no.: CG-HAEM/2017/005

Massive Haemorrhage:

- Ongoing bleeding with haemodynamic instability
- Bleeding 150ml/min
- Severe abdominal/thoracic/long bone trauma

Stop the Bleeding
Call Senior
Activate Major Haemorrhage Protocol – dial 2222

Bloods: XM, FBC, Coag screen, ABG, U+E, Ca2+, ROTEM (if available)

Blood Bank prepares: 4 x RBC, 3 x FFP and 1 x Platelet

ROTEM?

YES

Follow ROTEM Algorithm for targeted blood component transfusion

NO

Transfuse:

- 4 units PRC
- 3 units FFP
- 1 Pool Platelets

Consider:

- Tranexamic acid. 1g bolus
- Cryoprecipitate if fibrinogen is <1.5g/L
- 10ml CaCl2 over 10 minutes

Re-assess & repeat Bloods

Bleeding controlled?

NO

YES

Stand Down Protocol:

- Contact Blood Bank
- Return unused products to Lab
- Complete & return traceability documentation to Blood Bank ASAP

Emergency O Red Cells Available Immediately

- DERBY SITE- Level 5 Fridge room = 2 units O neg and via Blood Bank, Level 5 = 2 units O neg and 2 units O pos
- BURTON SITE – Blood Bank Issue Fridge = 2 units O neg

Aim for:

- Temp >35°c
- pH 7.3
- Hb >80g/L
- Plt >50
- Fibrinogen >1.5g/L (Obstetrics >2.0g/l)
- Ca2+ > 1mmol/L
- Lactate <4mmol/L

Remember:

Patient warming, fluid warmers, forced air warming

Cell Salvage:

To be used if available

250ml salvaged = 1 unit donor red cells

Haemostatic drugs:

Vitamin K and PCC for warfarinised patients

Continue efforts to correct cause of bleeding

Review date: November 2026