

# ADHB Paediatric Massive Transfusion Protocol (MTP)

## Team Leader Responsibilities

- Call Coag Lab and send Coag requests on the Labplus Urgent form (orange border)
- Activate protocol:
  - Call Blood Bank (ext 24015)
  - "I am activating the Paediatric Massive Transfusion Protocol Alpha, Bravo or Charlie"
- Call for each box as required and send someone to pick it up
- Alternate infusions of products to avoid swings in Hb and coag
- Call Blood Bank when stopping MTP

## Blood Bank Responsibilities

- Ensure X-match sample processed ASAP after O neg release
- Call NZBS Medical Officer after issuing MTP Box One
- Thaw next box in advance and await request
- Ensure supply of platelets. If no neonatal platelets for Alpha, contact TMS
- Provide red cells less than 14 days old whenever possible

## Contacts

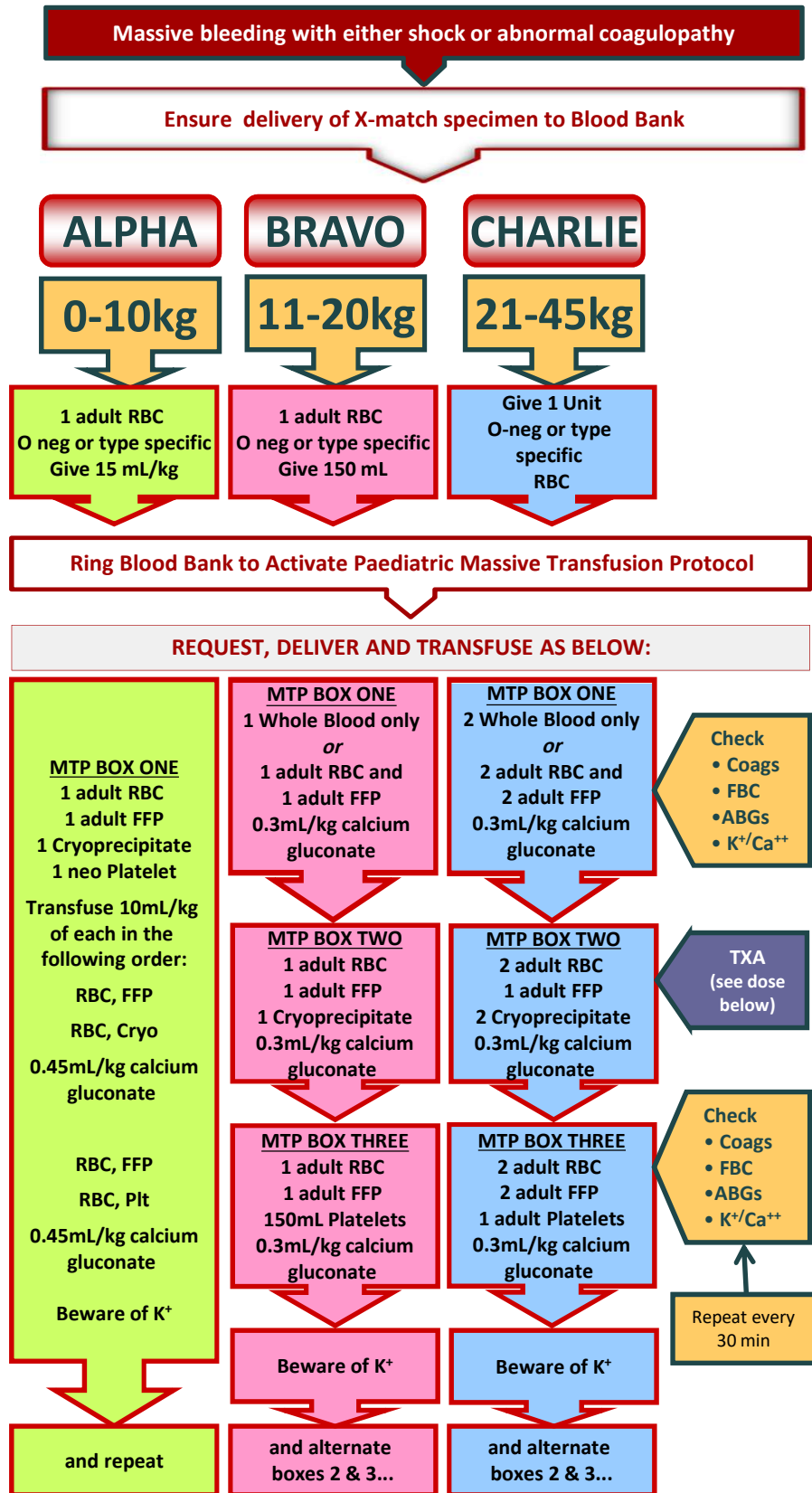
- Blood Bank - Ext 24015
- Coagulation Lab - Ext 22069
- SSH Anaesth Co-ord – 021 334 344

## Calcium

- For 10% calcium chloride, give one third of the mL/kg of 10% calcium gluconate
- DO NOT give calcium in same IV line at same time as blood components

## Additional treatment

- Ongoing haemorrhage after box 3 - if PR > 1.5 or APTT > 40 consider additional 20mL/kg FFP
- If fibrinogen < 1g/L consider additional 5mL/kg Cryoprecipitate
- If platelets < 75 x10<sup>9</sup>/L consider additional 10mL/kg platelets
- If ionized Ca<sup>++</sup> < 1mmol/L give 0.3mL/kg calcium gluconate
- See Hyperkalaemia Guideline



## Tranexamic Acid (TXA)

- Loading dose: 15mg/kg (max 1g)
- Consider maintenance infusion: 2mg/kg/hour

## Typical component volumes

- Red cells: adult: 300
- FFP: adult: 245
- Platelets: neonatal: 50 mL adult: 270
- Cryoprecipitate: 100mL