

Massive and rapid bleeding with either shock or coagulopathy

Is this a Massive Obstetric Bleed? Activate the MOB team via 777 and follow the MOB Protocol

Send URGENT X-match sample to Blood Bank
Send URGENT FBC, Coag's, ABG to Labs

Request 2 units red cells URGENTLY
Send 'green form' to Blood Bank without delay
Request 2 units FFP to be thawed

Assess & stabilise patient - determine need to activate MTP

Give Tranexamic acid 1 gram IV. If indicated request release of 2 thawed FFP (send 'green form').
Restrict crystalloid. Maintain normothermia / actively warm. Consider damage control surgery.

Progressing to a MTP? Ring 777

State 'I am activating the Massive Transfusion Protocol'

Provide patient's name, NHI & location + MTP guardian name

777 Operator notifies: Blood Bank, Coagulation Lab, Orderlies, Duty Manager at activation, when the patient moves & when the MTP is ceased.

MTP Team Leader

- Will be a senior registrar or consultant
- make decision to activate & cease the MTP
- provide clear directives to the MTP Guardian for MTP Box requests +/- add-ons

MTP Guardian

- usually a RN, RM or RAT
- receive / oversee each MTP Box
- act as communicator between MTP Team Leader, Blood Bank, Labs & MTP Runner
- Ring Blood Bank for MTP Box Two onward, via the MTP Phone

MTP Phone: 027 591 0235

MTP Runner

- orderly (go immediately to Blood Bank)
- uplift MTP Boxes, give to the MTP Guardian
- handover MTP Phone/role label to the MTP Guardian with MTP Box One
- return to Blood Bank, await next MTP Box.

MTPs in MOT: the MTP Runner role is handed over to the TSA at the MOT main entrance, on delivery of the first MTP Box.

Blood Bank

- release MTP Box One on 777 call + MTP Phone and role labels to the MTP Runner
- process urgent x-match sample
- issue subsequent MTP Boxes on the request of the MTP Guardian (keep one box ahead)

RED CELLS: are emergency O neg until sample processed (45 minutes), then X-matched

Duty Manager – AFTER HOURS

A/H release MTP Boxes until BB staff are on site.

Request, deliver & transfuse MTP BOX blood –actively warm
All 'green forms' for the MTP Boxes are generated by BB

Also consider adding Tranexamic Acid 1 g infusion over 8 hrs

Additional treatment guidance / thresholds

Fibrinogen $\leq 1\text{g/L}$
(if obstetric $\leq 2\text{g/L}$)
add 3 units cryoprecipitate

PR >1.5 or APTT > 40
add 4 units FFP

Platelets $<75 \times 10^9/L$
add 1 unit platelets

Ionized $\text{Ca}^{2+} <1\text{mmol/L}$
add 1g/10mL $\text{CaCl } 10\%$

Anti-coagulation?
consider urgent reversal

MTP BOX ONE

2 RBC
2 FFP

MTP BOX TWO

4 RBC
4 FFP
3 Cryoprecipitate

MTP BOX THREE

4 RBC
4 FFP
1 Platelet (adult unit)

Thereafter alternate
MTP Box Two & MTP Box Three

Repeat Coag's, FBC, ABG & Ionised Ca^{2+} every 30 minutes

Utilise TEG, if available

Note, fibrinogen is measured in a 'coag's' sample

If patient is moved to another service: ring 777 to update all

To CEASE MTP: Ring 777 promptly

- All MTP roles can then 'stand-down'