

# RCH Massive Transfusion Protocol

Nursing

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# What is the Massive Transfusion Protocol (MTP)?



- Provision and mobilisation of large amounts of blood product to a critically bleeding child.
- Clear guidelines for the multidisciplinary team caring for the critically bleeding child.
  - Trauma Doctors
  - Trauma nurses
  - Haematologist staff
  - Laboratory staff
  - Distribution PSA's

### Why do we need a MTP?



- Provides certainty to clinical staff managing a bleeding patient.
- Activates a response within our Blood Bank and notifies The Blood Service.
  - Increasing staffing in the Blood Bank
  - Commencement of thawing of frozen components
  - Ordering of urgent blood from The Blood Service

# A comprehensive response to **Major Bleeding**



- Treating Haemorrhage and Coagulopathy of Trauma by
  - Replacing 'blood'
    - Red Cells: increase oxygen carrying capacity
    - Plasma: Replace clotting factors
    - Platelets: replace platelets
  - Reduction in hypothermia related coagulopathy
    - Provision of warmed components

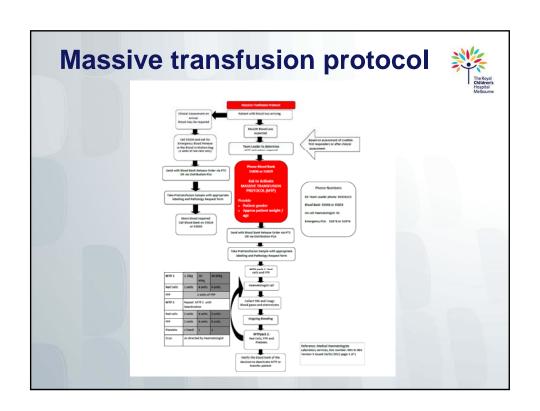
# What is "critical bleeding" in a child?

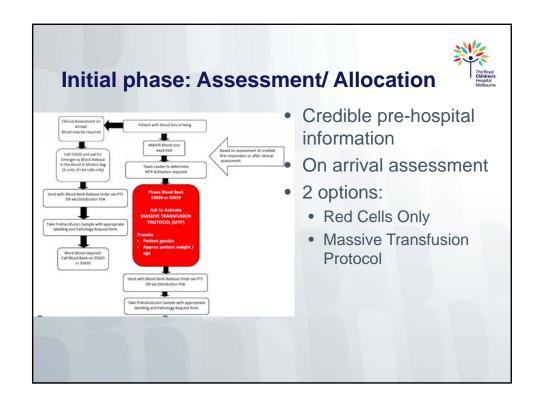


 Defined as "major haemorrhage that is life threatening and likely to result in the need for massive transfusion"

# What is a "massive transfusion" in a child?

• Greater than 40mls/ kg in blood





#### **Initial phase: Allocation/ Assessment**



## Allocation of roles in trauma

- Team leader
- Circulation Doctor
- Circulation Nurse
- Trauma PSA for collection of blood products from Blood Bank

#### **Assessment:**

- What is the patient's:
  - Weight (approx)
  - Gender
- What are the patient's:
  - Injuries

#### Pathology testing:

- Group and Antibody screen
- FBE, Coags, ABG/CAB

### **Pretransfusion specimens**



- Must have a patient label
- Sign date and time the tube
- Sign date and time declaration
- Dr contact details in case of error



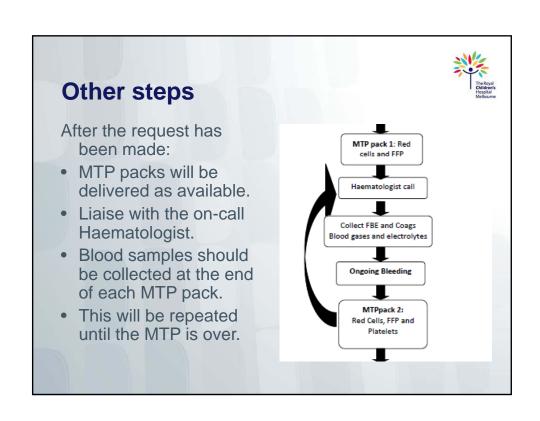
### Why do we need a sample?





- Prior to transfusion all patients should have a pre transfusion sample.
- To ensure there is a group on record despite provision of O Negative Blood.
- To reduce the use of emergency O Negative blood in patients who don't require it.
- To ensure group specific blood can be made available ASAP.





### **Stopping the MTP**





Notify the blood bank of the decision to stop or transfer patient

- When the patient moves
  - Inform the blood bank
- IF the MTP is stopped
  - Inform the blood bank

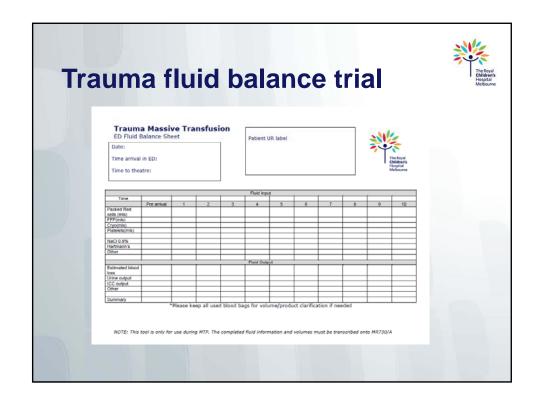
## **Circulation Nurse Responsibilities:**

#### Task:

- Ensure patient is wearing a patient identification label
- Set up of giving sets and/or rapid infuser
- Maintain clear records of blood products administered
- Check and commence all blood products
- Keep all empty blood bags.

#### **Example:**

- Stick a patient bradma to the patients forehead or other skin surface easily visualised.
- Trauma fluid balance charting



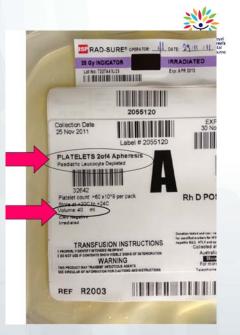
### **Order of blood products**



- After discussion with Circulation Doctor
  - Depends on number of access points
  - Clinical condition
  - Multiple access points run concurrently
  - Single access point (and depending on condition) Red cells, FFP, Platelets and Cryo
  - Platelets always need their own filter, or line preferably

#### Maintain the records

- The nurse must keep a tally of all product administered.
- Each bag has the name of the product and
- The mls in the bag.



# Providing real time information for the team leader.

- In a Massive Transfusion the team leader or circulation doctor need to update the haematologist regarding:
  - Products received
  - Clinical assessments (vital signs, type of bleeding, other injuries)
  - Pathology collected/ to be collected

### Notify of transfer or end of MTP.



- Blood bank
- Haematologist

## **Further questions**



- Call Nicole 56561 or page 6562
- Call Blood Bank 55830 or 55829
- Call on call Haematologist 91
- Go to Massive Transfusion Webpage