

NHS Lothian University Hospitals Division

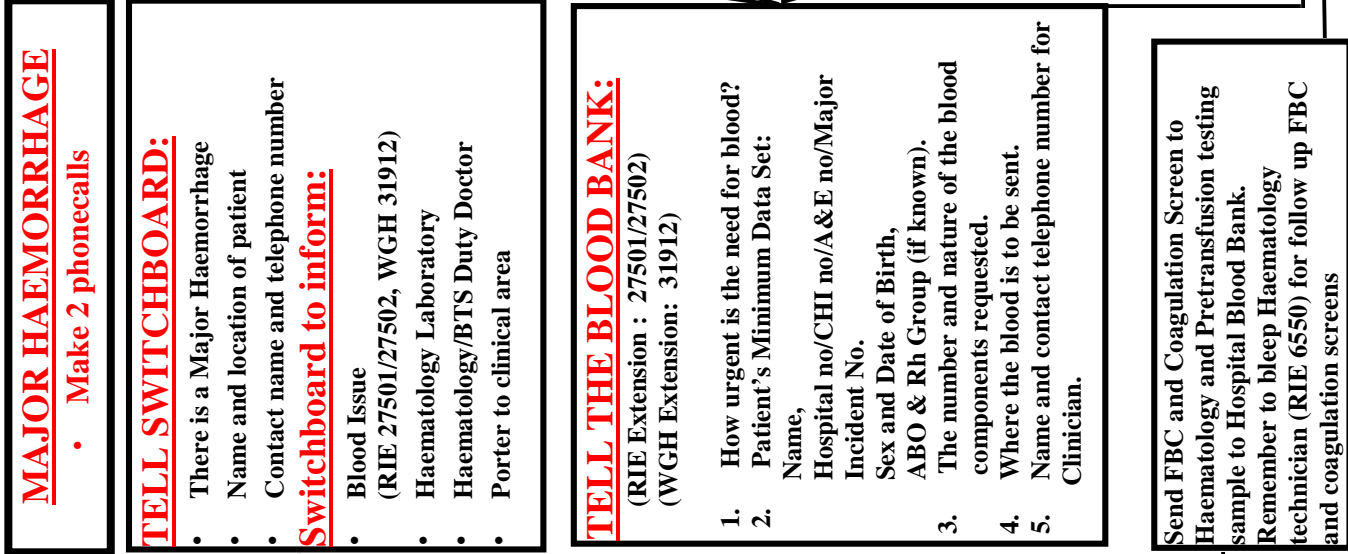
LUHT MAJOR HAEMORRHAGE PROTOCOL

- ◆ Attending clinicians should telephone switchboard on the emergency number (222), informing them that there is a major haemorrhage, the name and location of the patient and a contact telephone number (and individual where possible).

Switchboard will inform:

- Blood Bank on the emergency phone (NRIE 27501 / 27502, WGH 31912)
 - Haematology laboratory
 - Haematology/BTS duty doctor
 - Porter to go to the clinical area (porter will remain until stood down by clinical team)
- ◆ Blood Issue should be rung directly to clarify the following:-
 - How urgent the need for blood is
 - Patient's minimum data set (full name, date of birth, hospital number if available, A&E number or Major Incident number if necessary).
 - The number and nature of blood components requested (a standard issue for an adult will consist of 10 units of red cell concentrate, 1 pool of platelets and 4 units of FFP. For children the normal dose is 10-15 ml/kg for these components).
 - The exact location of the patient
 - ◆ If required, emergency O negative stock is held in the RIE and WGH blood banks, and also in the fridges in A&E at NRIE, SCRH Labour Ward and RHSC. If required please use the nearest available stock.
 - ◆ In order to speed up the coagulation screen, the fibrinogen will be done first and phoned to the clinical team and Haematology/BTS duty doctor. If this is less than 0.8g/l the PTR and APTT will be prolonged and fresh frozen plasma and cryoprecipitate are likely to be required.
 - ◆ When the full blood count and coagulation screen are available they will be phoned to both the clinical team and to the Haematology/BTS duty doctor. The Haematology/BTS duty doctor will liaise with the attending clinicians with regard to the haematological results and further blood component requirements.

For further FBC/coagulation or blood components, the clinical team should liaise direct with the appropriate laboratories. There is no requirement to go through the Haematology/BTS duty doctor, though he/she will be available as required (for RIE site, via #6466 08.30-20.30 hrs, via RIE switchboard 20.30 – 08.30 hrs; for WGH site, via WGH switchboard).



Red cells needed immediately

Use Emergency O negative Red cells in designated fridge. Send patient sample and request form urgently to Blood Bank.

Red cells needed in 15 minutes

Use Emergency O negative Red cells from Blood Bank. Send patient sample and request urgently to Blood Bank.

Red cells needed in 45 minutes

Send patient sample and request form urgently to Blood Bank.
ABO and Rhesus group specific red cells available for collection at Blood Bank.
Blood available **15 minutes** after sample received.

Are platelets, or FFP needed?

Allow time for preparation:
Platelets – Immediate Release if blood group available
FFP – 20 minutes

Haematology/BTS Duty Doctor will liaise with attending clinicians re: haematology and coagulation results, further blood components and blood stock management.

NOTE: O negative stock is often in critical supply. A sample should be sent to the Blood Bank ASAP to allow conversion to Group-specific blood.

NOTE: An antibody screen and crossmatch will be carried out on the released units within 30 minutes.

NOTE: If the patient has a historic record and a Group and Screen on a current clinical sample, blood can be made available immediately by electronic release.

NOTE: Clinicians need to allow for the time it takes to deliver blood components from the blood bank to the clinical area.

NOTE: Cryoprecipitate can be ordered direct from blood bank if fibrinogen is less than 0.8 g/l.