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MASSIVE BLOOD LOSS?

>40% blood loss?
Clinical signs of Shock?
On-going bleeding

No

Liaise with Transfusion Laboratory for bespoke transfusion needs

Yes

Identify lead clinician
Nominate staff member to communicate with Transfusion Laboratory ('Blood Bank')

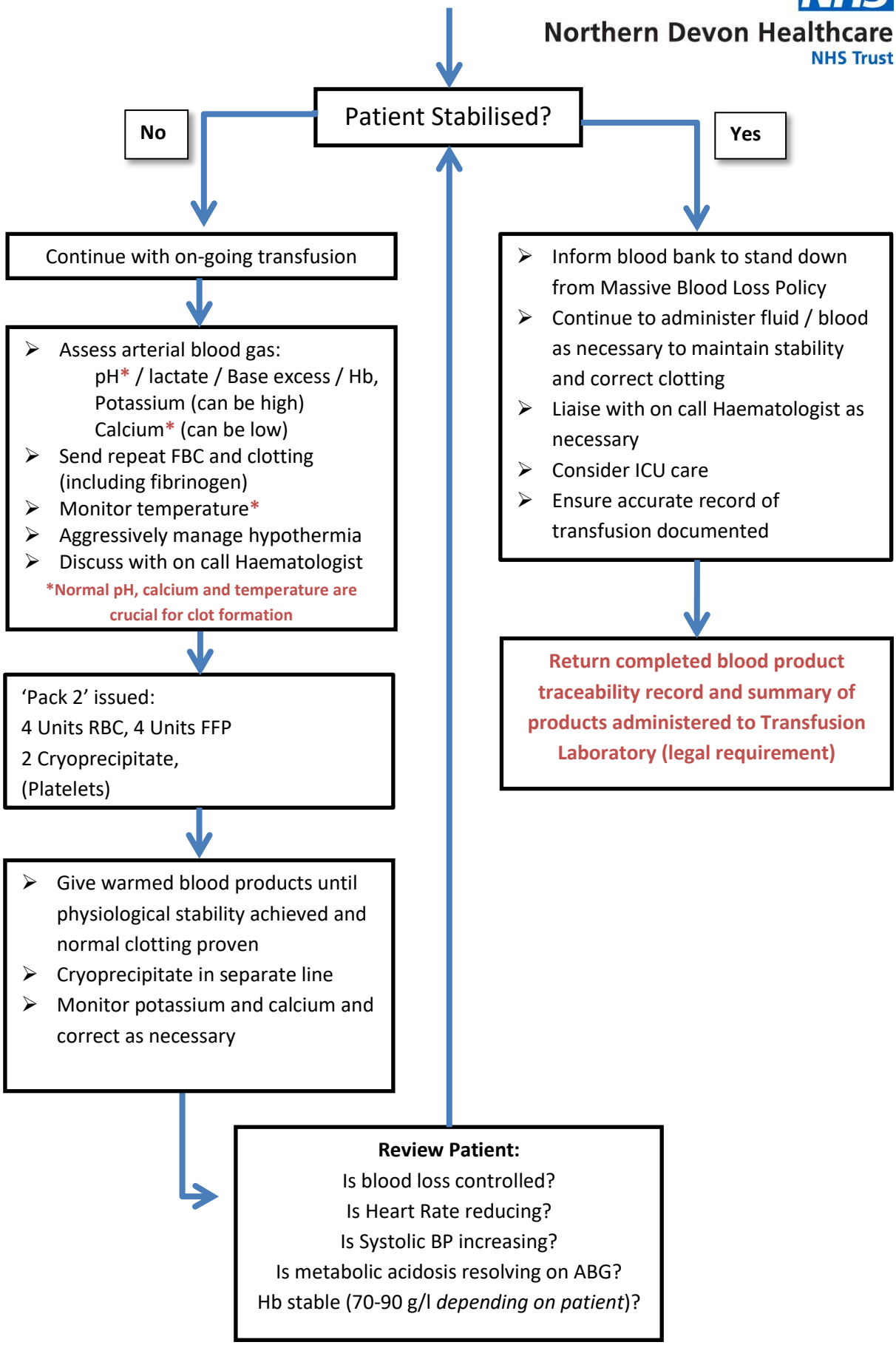
Initiate Massive Blood Loss policy:
Speak directly to Transfusion Laboratory (Bleep 045)

- "Request Massive Blood Loss Policy"
- State patient details, location and Consultant in charge
- Send G&S / FBC / Clotting / U&E
- Ensure optimal IV access obtained

'Pack 1' issued:
4 units RBC, 4 units FFP
2 packs of platelets dispatched from Plymouth. Allow >2 hours to arrive. 1 pack issued on arrival, 2nd pack on request.

- Administer 'O –ve' blood if delay in receiving RBC
- Administer warmed RBC / FFP to achieve physiological stability and normal clotting proven
- Administer Tranexamic acid (1g slow IV) unless contra-indicated
- Use forced air warmer to maintain core temperature >36.0'C

Patient Stabilised?

- ✓ No significant on-going blood loss
- ✓ Heart rate reducing (aim for <100 / min, depending on patient)
- ✓ Systolic BP increasing (aim for >100 mmHg, depending on patient)
- ✓ Resolving metabolic acidosis and lactate
- ✓ Hb remaining stable (> 70-90 g/l, depending on patient)

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