Caithness Major Haemorrhage Protocol
(Adult >50kg)

NHS Highland
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Identify Major Haemorrhage
Ongoing severe blood loss e.g. : 150 ml/min or clinical evidence of shock

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Activate Major Haemorrhage Protocol :
Dial 2222 : 'Adult Major Haemorrhage in location x at extension xxxx'
Bloods: X-match, FBC, coag, U&E, blood gas

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Switchboard will call lab 267 and order Pack 1

Red cells 4 units
FFP 4 units

4 units O neg RBC in Lab.
Early consideration of platelet order.

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Transfuse

Call lab 267 and order Pack 2

Red cells 4 units
FFP 4 units

Order 2 packs **cryoprecipitate** if fibrinogen <1g/L (<2g/L in obstetric haemorrhage)

Please discuss with Duty Haematologist and consider patient transfer.

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Reassess

Take bloods and send to lab:
FBC, Coag, U&E, Ca^{2+}, blood gas

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Bleeding Stopped

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Stand Down
- Phone switchboard
- Return unused products

Ongoing Bleeding

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Tranexamic acid (TXA):
1g bolus followed by 1g over 8 hours.
Caution in UGIB.
Consider early platelets

Patients on Warfarin
Vitamin K
Prothrombin Complex Concentrate (BTS lab and ED)

Patients on Rivaroxaban or Apixaban:
Andexanet alfa (Pharmacy)
Discuss with Haematology Consultant

Anticipate hypocalcaemia and hyperkalaemia.
Consider 10ml **calcium chloride** 10% or 30ml **calcium gluconate** 10%

Maintain

Hb	> 70g / L
Platelets	>50 x 10^9/L
PT ratio	<1.5
APTT ratio	<1.5
Fibrinogen	>1g/L, 2g/L in Obstetrics
Ca^{2+}	>1 mmol/L (on blood gas)
Temp	> 36°C
pH	> 7.35 (on blood gas)

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