

Major Transfusion Protocol Doctor

Prior to Arrival

- ROLE STICKER (front & back) & PPE
- Act as main point of contact with blood bank & Haematology throughout the Resus
- ENSURE BLOOD BANK **ALERTED. TEL 22537. BLEEP 199**
- Familiar with MHP & prevention of coagulopathy
- Rapid infuser ready

On Arrival

- Ensure Group & Crossmatch, Coag & Fibrinogen sent pre-transfusion **via PORTER**
- Ensures 1:1:1 transfusion
- Give 10mls 10% Calcium Gluconate on arrival and titrate to requirements
- Anticoagulant reversal if required with Haematologist
- Ensures blood bank aware if stood down in consultation with Team leader
- **Keep unused RCC in igloo until needed**
- Return unused blood products to blood bank

Optimise:

- Oxygenation
- Cardiac output
- Tissue perfusion
- Metabolic state

Monitor: (every 30-60 minutes)

- FBC, Coag screen
- Fibrinogen level
- Ionised calcium
- Bld gases

Aim for:

- Temp > 35 C
- pH > 7.2
- BE < -6
- Lactate < 4mmol/L
- Ca++ > 1.1 mmol/L
- Platelets > 50 x10⁹/L
- PT/APTT < 1.5 normal
- INR ≤ 1.5
- Fibrinogen > 1.5 g/L

Disposition/Definitive care

When patient is leaving the resus to theatre/ward or ICU, you MUST update the blood transfusion lab regarding:

- number of blood product transfused
- if there is a change in patient's identifiable data eg: MRN(**Please leave both wrist bands in patient's wrist**)