

# Major Haemorrhage?

**Declare the emergency:  
'This is a major haemorrhage!'**

## Communicate



**Call 2222**

**Say 'major haemorrhage in [where you are]' + don't hang up**

Discuss what blood products you need + urgency with BTS

Chose a leader

Nominate a scribe

Select one person to liaise with to BTS lab and Haematologist

Utilise designated Haemorrhage Porter (reports to location)

## Resuscitate



**ABCD**

Obtain Large bore peripheral venous access

Send base-line blood samples & G+S

Maintain perfusing blood pressure SBP>100

Avoid excessive Crystalloid

Aim Hb>80g/L

Utilise Source control

Consider Tranexamic Acid

## Anticipate



Hypovolaemia

Hypothermia

Coagulopathy

Acidosis

Hypocalcaemia

Circulatory overload

## De-escalate



Stand-down major haemorrhage response (by bleeping #6247)

Return unused blood products within 30 mins

Return blue tags

## How long?

**O negative blood**

2 units immediately

**Group Specific**

10mins from sample receipt

**Electronic Release**

5-10mins with suitable sample

**Manual X-Match**

50mins or more

**FFP & Cryoprecipitate**

20mins defrost time

**Platelets**

1<sup>st</sup> pool- immediate

Further pools from Edinburgh

## Options

**Source control:** Apply direct pressure, tourniquet, theatre, endoscopy or interventional radiology referral

**TXA useful in obstetric haemorrhage (1g)**

**& within three hours of trauma (1g stat then 1g over 8 hours)**

**Repeat bloods frequently:** FBC, U+E, Ca, lactate, coag + ABG

**Start FFP** by 4<sup>th</sup> unit RCC

**Start Platelets** by 6<sup>th</sup> unit RCC

**Replace Ca<sup>2+</sup>** with 20ml 10% Calcium Gluconate

**Patient warming** Bair Hugger + blankets

**Fluid warming** Ranger or Belmont rapid infuser

**Urinary catheterisation** with urometer

**Warfarin + DOAC reversal:** Beriplex + Andexanet

## Useful contacts

Blood Transfusion

Bleep 6247/ext 26248

Haematologist(24hrs)

Bleep 6246/SwitchboardOOH

Labs for urgent samples

Bleep 6244(bio)6247(haem)