

# IMPORTANT CONTACT NUMBERS

BLOOD BANK: Ext. 24064 | NURSING SUPERVISOR: Ext. 25056 | SURGERY (MAIN): Ext. 22293

## Massive Transfusion Protocol

Physician notifies the primary RN of the need to activate the Massive Transfusion Protocol.  
(Order Blood Transfusion - Massive Transfusion in Cerner)  
The charge nurse will immediately notify blood bank of the activation and provide the patient's name & MR number.

**TRAUMA:** Consider Tranexamic acid 1gram/100ml Normal Saline IV over 10 mins (100mg/min) via infusion pump w/in 3 hrs of injury, followed by maintenance dose 1gram/500ml over 8 hr

**OBSTETRICS:** Cryoprecipitate 2 adult dose units IV (1 adult dose =5 units random donor) given after initial 6 u RBCs + 6 u FFP + 1 Platelet Pheresis

Effective blood-warming measures should be implemented during transfusion of blood products. **Transfusion of platelets and cryoprecipitate should not be warmed.** It is imperative to alternate blood products to maintain at 1:1:1 ratio during transfusion. (3 u PRBCs + 3 u FFP + 1 platelet pheresis= 1:1:1)

BB coordinates with Red Cross to ensure sufficient products are available

Blood Bank anticipates release of 6u RBCs + 6 u FFP + 1 Platelet pheresis (uncrossmatched if indicated)  
**Pack #1** immediate release of 3 u RBCs + 3 u FFP + 1 Platelet Pheresis (Platelets kept at room temp)  
 Blood bank will begin thawing the remaining 3 u FFP (expectation thawed and available within 30 minutes)

Type & Cross ASAP

**Pack #2** releases 3 u PRBCs + 3 units FFP (will complete MTP #1 for total 6:6:1)

**Pack #3** releases 3u RBCs + 3u FFP + 1 Platelet Pheresis (Platelets kept at room temp)  
 Cryoprecipitate 2 adults dose units (Obstetrical Hemorrhage Only)

Every 30-60 mins

**Pack #4** releases 3 u PRBCs + 3 units FFP

Monitor for Hemostasis & resolution of coagulopathy

Lab Studies

Blood bank will continue to release MTP packs containing 3 u RBCs + 3 u FFP + Platelet Pheresis until the MTP is terminated by attending physician.

Yes

Hemoglobin, hematocrit, platelet, PT, PTT, INR, Ionized calcium, fibrinogen and TEG if available.

Once laboratory data are available, resuscitation should be goal directed based on the laboratory findings and clinical evidence of ongoing bleeding.

**Stop MTP**  
 • MD or designee notifies Blood Bank  
 • Return any unused products ASAP  
 • Resume standard ordering practices

RETURN COOLERS TO BLOOD BANK AS SOON AS THEY ARE EMPTIED