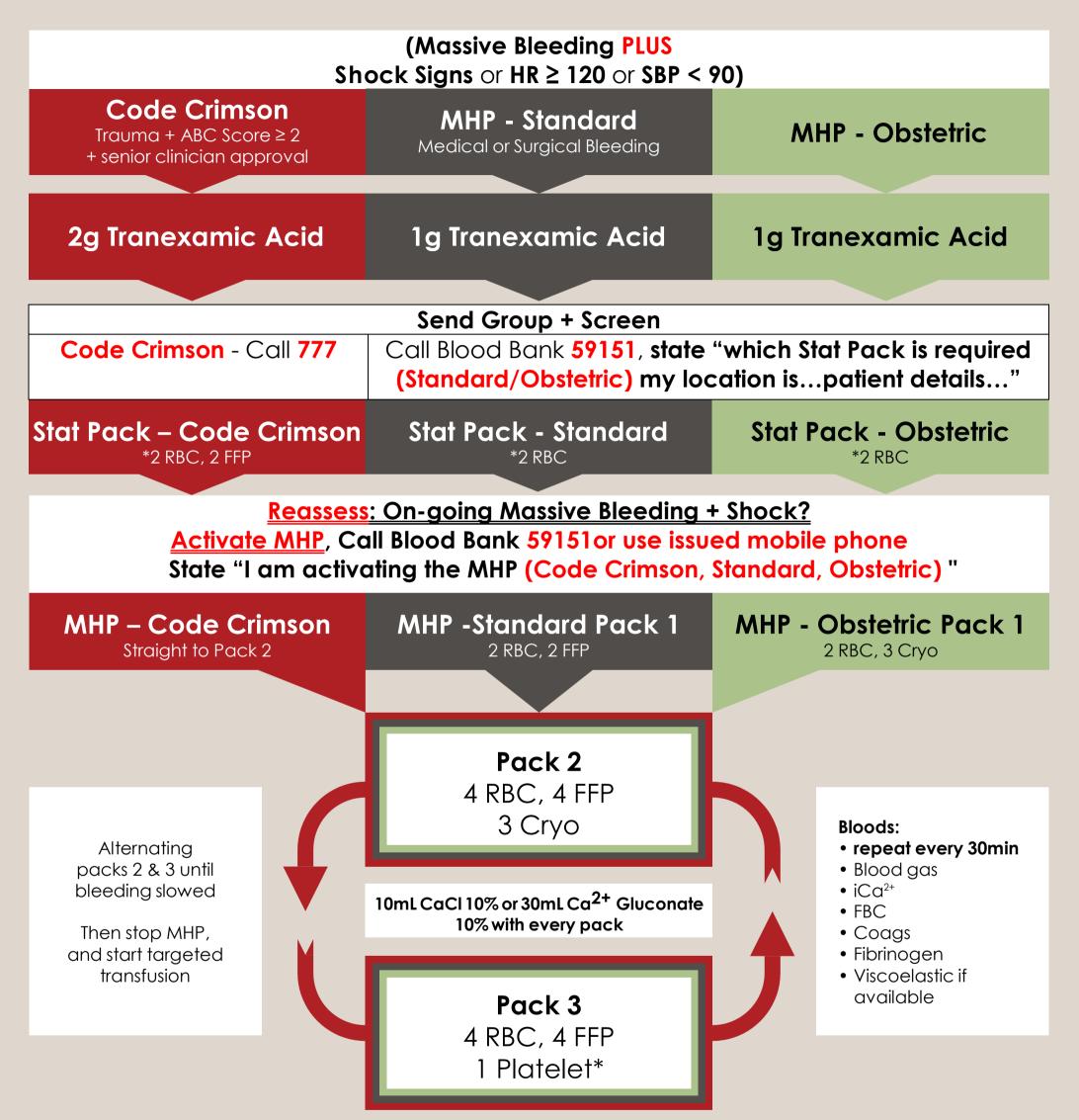
CMH Adult Massive Haemorrhage Pathway



Coagulation Targets	If Not, Give
PR < 1.5 APTT < 40	4 U FFP
Fibrinogen > 2g/L	3 U Cryoprecipitate
Platelets > 75 x 10 ⁹ /L	1 U Platelets**
lonised Ca ²⁺ > 1.1 mmol/L	1g Calcium

Obstetric Haemorrhage

- Manage Tone, Trauma, Tissue, Thrombin causes of haemorrhage
- Repeat TXA 1g 30 min after initial dose if significant ongoing bleeding

*See notes on page 2



Te Whatu Ora Health New Zealand

CODE CRIMSON-ABCScore

• Penetrating mechanism = 1

SBP ≤ 90 mmHg = 1

Positive eFAST*** = 1
HR ≥ 120 bpm = 1

Code Crimson requires senior clinician approval and input, as activation identifies the highest risk trauma patients and needs a multi-service approach.

*****eFAST** scan accuracy relies on the skill level of the practitioner

Resuscitation Team Leader

- Send Group & Screen to Blood Bank
- Ensures Tranexamic Acid is administered, as a bolus through a fast flowing IV line
- Decides if activation of the MHP is required once the stat packs have been transfused
- (*ED to use local fridge emergency RBC units for the Stat Pack)

MHP Coordinator

- · Supports the team leader
- After the Stat Packs have been transfused, reassess the patient in conjunction with the team leader
- Activates relevant MHP pathway (Code Crimson/standard/obstetric)
- If senior clinician requests MHP activation immediately, ensure stat pack is still issued while the Blood Bank prepares pack 1/pack 2
- After activation liaises with the Blood Bank team. Ensure Blood Bank have your name and contact number (Blood Bank issued mobile phone or locality number)

Tasks (Delegated as Necessary)

- Ensure orderly/health care assistant support
- Repeat MHP bloods every 30mins
- Ensure Calcium is given with every MHP pack (10mL CaCl 10% or 30mL Ca2+ Gluconate 10%) as a bolus through fast flowing line
- Hand-over coordination role if patient location changes; ensure Blood Bank is notified of new coordinators name and number
- Cease MHP once the patient is haemodynamically stable, inform Blood Bank, move to targeted therapy
- Ensure transfusion documentation / checklists maintained; all swing labels retained
- **Smaller Centres should check Full Blood Count BEFORE giving platelets, avoid transfusing if PLT > 75 x 10⁹/L

Blood Bank Tasks

- Process group & screen ASAP
- Liaise with MHP coordinator
- Release Stat Pack and MHP Packs as per protocol / SOP
- Notify NZBS TMS as per SOP & manage inventory
- Maintain Blood Bank Tracking Sheet / Checklist documentation and eTraceline records
- **Smaller Centres BEFORE Pack 3, liaise with MHP coordination role to confirm PLT count is < 75 x 10⁹/L and platelets clinically indicated

 (\checkmark)

Infusion Standards

- RBC, FFP, Cryoprecipitate:
 - warmed
 - standard blood infusion set
- Platelets:

Clinical Targets

- Surgical/radiological control of bleeding ASAP
- Normal pH/base deficit
- Normal body temperature
- A lower MAP may be tolerated until bleeding slowed





warmed or room tempnew infusion set preferred, not essential

-unless brain/spinalinjury

MHP Runner

- Identified by MHP coordinator and works with MHP coordinator
- Code Crimson 777 call- orderly to go direct to Blood Bank and collect Stat Pack Fresh Frozen Plasma



