# MOH Protocol QHB

## ACTIVATION

Dial 2222 stating major obstetric haemorrhage and location
Nominated person to remain by phone at activating location to communicate patient details with blood bank
Support worker/ porter or other staff member to attend blood bank to collect blood if required

ABCDE assessment
2 x large bore IV access
Consider warmed crystalloid
1g TXA given IV (repeat after 30 mins)
FBC, U&E, LFT, coag, fibrinogen and G&S samples to lab
ABG / VBG
Commence ROTEM

## TRANSFUSE blood (guided by clinical condition)

Consider 10ml 10% calcium gluconate / chloride
NB Consider 0 neg if delay in group specific / cross matched blood

Review ROTEM and consider second study – repeat every 30 mins if concern
Give 2nd TXA bolus (if not already given)
FBC, U&E, LFT, coag, fibrinogen and G&S samples to lab
ABG / VBG

## TRANSFUSE – blood / FFP guided by clinical condition and ROTEM

If ROTEM available – see ROTEM protocol
If no ROTEM available – continue to be led by clinician
If bleeding ongoing / clinical concern discuss with haematology regarding cryo and platelets
INFORMBLOOD BANK ONCE MOH STOOD DOWN

**Activate MOH at:**

- 1500ml blood loss
- ongoing losses
- clinical concern

**Consider transfer to theatre**

Set up:

- Blood warmer
- Level 1 infuser
- Bair hugger

**STOP MOMENT / SITREP every 20 mins**

- Current loss? Ongoing losses?
- Patient condition
- Ongoing plan
- ? Critical care referral

**TRANSFUSION AIMS**

- HB > 80G/dL
- Platelets > 75
- Extem CT <75s
- Normal APTT / PT
- Fibtem AS >12mm
- Fibrinogen >2g/dL