

# ROTEM Protocol

(For use in postpartum haemorrhage)

**Blood loss >1000ml** *Measured or suspected* **or Stage 2 activated**

**Give Tranexamic Acid** *(if not given already)*

**TAKE BLOODS**  
 POC: ROTEM, Lactate, Hb  
 Lab: FBC, Coag, +/- repeat Xmatch *(Alert lab staff)*

**OPTIMISE PATIENT**  
 Temp >36°C Hb >80g/L pH >7.2 Ionised Ca<sup>2+</sup> >1mmol/L  
**REVIEW OTHER CAUSES OF BLEEDING**  
 If coagulation normal, escalate obstetric & anaesthetic care

**ONGOING BLEEDING or CLINICAL CONCERN?**

**NO**  
*No blood products required*

**CLINICAL MONITORING**  
*Consider HDU care post-op*

**ANY OF THE FOLLOWING?**  
 Clinical concern  
 Suspected further bleeding  
*Inc. concealed bleeding*  
 >500ml further blood loss

**YES**

**Only transfuse coagulation products if patient is bleeding**

**REVIEW FIBTEM A5** *(fibrin polymerisation)*

- FIBTEM A5 ≥12mm or Fibrinogen >2 g/L **No fibrinogen currently required**
- FIBTEM A5 ≤11mm or Fibrinogen <2 g/L **Give fibrinogen concentrate**  
 A5 7-11mm = 4g  
 A5 <7mm = 6g

**ANY OF THE FOLLOWING?**  
 Any blood products given  
 > 500ml further blood loss  
 Clinical concern

*If FIBTEM A5 ≤11mm after transfusing fibrinogen concentrate, or suspicion of abruption/AFE review EXTEM CT and FBC*

**REVIEW EXTEM CT** *(thrombin generation)*

- EXTEM CT <75sec or normal PT/APTT **No FFP required**
- EXTEM CT ≥75sec or elevated PT/APTT **Give FFP**  
 Booking Weight ≤ 50Kg = 3 Units  
 > 50Kg = 4 Units

**REVIEW FBC** *(platelet deficiency)*

- Platelets >75 x10<sup>9</sup>/L **No Platelets required**
- Platelets ≤75 x10<sup>9</sup>/L **Give Platelets**  
 1 adult unit

**If you have any concerns discuss with haematologist**

Haematologist  
 Blood Bank  
 Haematology Lab  
 Porters

**NB: ROTEM does not reliably detect effects of:** warfarin, aspirin, clopidogrel, reopro, direct oral anticoagulants, LMWH. It will not detect deficiency of von Willebrand factor.