

Expiry date: Nov 2026

# Paediatric Major Haemorrhage - Summary Clinical Guideline Derby & Burton

### **Paediatric Massive Haemorrhage Action Card**

Contact Blood Bank via Pager Number 3090 or Ext. 88532 Emergency Mobile 07384914100 (Derby Only)

#### Declare a Paediatric Massive Haemorrhage

Designate a Runner to collect **all** products

Designate a Blood Bank Liaison

Blood Bank Liaison Calls Blood Bank and states "Paediatric Massive Haemorrhage Alert Provide Patient ID (if arrived), Weight, Location and Contact Number

#### **General Measures**

Control Haemorrhage

Strongly Consider Tranexamic Acid

Avoid Hypothermia, Hypocalcaemia, Acidosis, Take bloods ^

#### Initial Requests (Verbal) \*

20ml/kg Red Cells (up to 4 adult units) 20ml/kg FFP (up to 4 adult units)

#### **If Continuing Bleeding Request**

Further Red cells and FFP (20ml/kg) 20ml/kg (up to 1 adult unit) Platelets 10ml/kg Cryoprecipitate (up to 2 pools)

- Then -

#### **Consult the Massive Haemorrhage Pathway**

Contact on-call Haematology consultant for advice on transfusion management

\*If G&S (Group and Save) Available – Request Group specific Red Cells (5 minutes) and Compatible plasma (20 minutes)

If No G&S Available – 20ml/kg O Negative Uncrossmatched Red Cells (immediately available in level 5 issue fridge. Emergency Plasma (20 minutes)

Transfuse in a 1:1 of FFP:RBC awaiting blood results CMV Negative for infants < 6 months of age

ALWAYS - Complete checking procedures. Blue Traceability tabs MUST be completed

## Transfusion Management of Massive Haemorrhage in Children

#### "MASSIVE HAEMORRHAGE Major blood loss expected Severe or impending traumatic haemorrhagic shock Activation Number(s): Pager 3090 or ext. 88532 Emergency Mobile Activate Massive Haemorrhage Pathway 07384914100 Emergency O red cells - Level 5 Fridge room: 2 units - Blood Bank Level 5 Call for help Time to receive at this RESUSCITATE Massive Haemorrhage Alert, Location, clinical area: Specialty' Airway Group specific red cells: Alert emergency response team Breathing 5 Mins (including Blood Transfusion Circulation Laboratory, portering/ transport staff) XM red cells 40 mins Consultant involvement essential Transfusion lab 2 22532 Take bloods and send to lab by hand: XM, FBC, PT, APTT, Fibrinogen, U+E, Ca" Aims for therapy Consultant Haematologist 2 Aim for: Blood gas 87973/83376 or Switchboard HЬ 80 g/l Platelets> 75 x 10°/I Strongly Consider TXA PT ratio < 1.5Order as deemed necessary: Red cells\* 20mls/kg STOP THE APTT ratio Fibrinogen >1.5 g/l 20mls/kg BLEEDING Ca\*" >1 mmol/l Platelets 20mls/kg > 36°C Temp >7.35 Lactate <1mmol/l Monitor for hyperkalaemia Transfuse via active warming device -Haemorrhage Control consider giving in 10ml/kg aliquots Direct pressure / tourniquet if appropriate Stabilise fractures Aim for 1:1 ratio of FFP to Surgical intervention – Suspected continuing haemorrhage consider damage control Aim for 20ml/kg platelets requiring further transfusion surgery and 10ml/kg cryoprecipitate Interventional radiology Take bloods and send to lab: for every 40mls/kg RBC FBC, PT, APTT, Fibrinogen, U+E, Ca41 Endoscopic techniques Venous gas Haemostatic Drugs: Prevent Hypothermia Tranexamic acid 30mg/kg ix. Use fluid warming device Order as deemed necessary: Red cells 20mls/kg bolus over 10 mins (max 2G) Used forced air warming Red cells blanket FFP 20mls.kg Vit K and Prothrombin 20mls/kg Platelets complex concentrate for Cryoprecipitate 10ml/kg warfarinised patients and Other haemostatic agents: discuss with Consultant Haematologist STAND DOWN Transfuse via active warming device Inform lab Return unused components Cell salvage if available and Once administered, repeat bloods: Complete Traceability appropriate FBC, PT, APTT, Fibrinogen, U+E, documentation Consider ratios of other Blood gas components: To assess further blood component

requirements

1 unit of red cells = c.250 mls

salvaged blood