



HAEMORRHAGE CONTROL

PPE For All Staff: Eye & Face Protection, Gown, Gloves

Prepare Level One Infusion Device

BLOOD BANK 0 8329 2853 / 2854



TURN OFF THE TAP See Over For Specific Measures

- eg. Wound Closure, Pressure/Elevation, Tourniquet, Balloon Tamponade
- Topical Adrenaline / TXA, Theatre, Interventional Radiology

Need Surgeon? Obstetrician? Interventional Radiologist? Gastroenterologist? ENT?

VASCULAR ACCESS & BLOODS

- IV, Humeral IO, MAC Line - AVOID Femoral If Abdo/Pelvis Trauma. Subclavian If IJV / FV Collapsed
- Attach Plasma-Lyte To Blood Pump Giving Set Pending O Neg Arrival
- FBC EUC LFT CMP Cross Match VBG Coag Fibrinogen

HAEMOSTATIC RESUSCITATION

- Avoid crystalloid. Balanced blood products via Level One infuser
- Permissive hypotension. ROTEM-guided or standard MTP (blue tube to ICU)
- In Trauma (<3hrs)/ PPH - **TRANEXAMIC ACID 1g iv** otherwise ROTEM guided TXA

REVERSE ANTICOAGULATION

- Warfarin / Anti-Xa : **PROTHROMBIN COMPLEX CONCENTRATE 25-50 IU / kg**
- Direct Thrombin Inhibitors (Dabigatran): **IDARUCIZUMAB 5g (2 X 2.5g Vials)**
- Antiplatelets, Uraemia, vWD: **DDAVP 0.3 mcg/kg (max 40mcg) in 50ml Saline / 15 mins**

OPTIMISE CLOTTING

- Rewarm to Normothermia > 35°C
- Aim Ionised Calcium (VBG) > 1.1 mmol/l → **10ml 10% CALCIUM GLUCONATE prn**
- Minimise unnecessary handling / rolling in trauma

GETTING BLOOD PRODUCTS

CALL BLOOD BANK
0 8329 2853
2854



Collection
Request Form To
Blood Bank



Prescribe On
Blood Product
Prescription



Patient
Consent If Able



Info For Patients
& Families

WARDSPERSON
5781 / 5785

SPECIFIC MEASURES IN SEVERE BLEEDING

HEAD & NECK



SCALP - Staple, Sutures, Lidocaine/Adrenaline, Pressure Dressing

EPISTAXIS - ANTERIOR - Manual Pressure, Adrenaline Soaked Gauze, Rapid Rhino

EPISTAXIS- POSTERIOR - Rapid Rhino Double Balloon - Inflate Green Cuff 5-20 ml AIR

POST-TONSILLECTOMY - Lateral Pressure Magill's + Adrenaline/TXA Soaked Gauze,
- consider **nebulised TXA 500mg-1g** (adult and kids $\geq 25\text{kg}$) or **250 mg** ($< 25\text{ kg}$)

TRAUMA



PENETRATING JUNCTIONAL - Paed Foley Into Wound, Saline In Balloon, Clamp, Suture

PELVIS / LIMB FRACTURES: Pelvic Binder, CT-6 Traction Splint

ARTERIAL LIMB BLEEDING - Direct pressure, elevation, SOF-T Tourniquet if still bleeding

MAX-FAC #s - Reduce Midface, RSI (Double Suction), Epistats, Bite Blocks, Collar

MEDICAL



HAEMOPTYSIS - **Neb TXA 1g**, Imaging to Localise, Bronch/ IR, ?Selective Intubation

HAEMATEMESIS - Urgent OGD. If Variceal - **TERLIPRESSIN 1.7mg**, Balloon Tamponade

INTRACRANIAL - SAH aim SBP < 140 , ICH aim SBP < 160 , Reverse Anticoagulation

- For Above BP Targets Use **CLEVIDIPINE 1-2mg/hr (2-4ml/hr)**

Double dose every **90 secs** initially then adjust every **5 mins** as approach target
Most patients need **4-6 mg/hr (8-12 ml/hr)**. Max **16 mg/hr (32 ml/hr)**

OBSTETRIC



1st TRIMESTER - FAST, USS for ectopic, consider Cervical Shock

ANTEPARTUM - Call O&G, USS for Placenta Previa & Fetal Heart Rate

POSTPARTUM - Consider **TONE** (Uterine Atony 70%) - **TISSUE** (Retained Placenta (20%)
- Genital Tract **TRAUMA** (1%) - **THROMBIN** (Coagulopathy - 1%)

- Massage Uterus, **SYNTOCINON** Slow IV Bolus **5 IU** then **40 IU** in **1l NS** / 4 hrs (250 ml/hr)

- Consider Manual Aortic Compression

- Uterine Balloon Tamponade with **Bakri Balloon**

- Theatre / Interventional Radiology

PAEDIATRIC



PACKED RED BLOOD CELLS 10 -20 ml/kg

FRESH FROZEN PLASMA 10-20 ml/kg

PLATELETS 10ml/kg

CRYOPRECIPITATE 5-10 ml/kg

TXA iv 15 mg/kg

CALCIUM GLUCONATE 10% 0.3 ml/kg