	Trauma Services	No. 4048
	Title: Massive Transfusion in Trauma Patients- Shared	Page: 1 of 3 Effective Date: 04/27/2021

PURPOSE :

Provide guidelines for managing trauma patients who require massive transfusions.

POLICY STATEMENT:

Massive transfusions will be provided when necessary for management of life-threatening trauma. Massive transfusion in trauma patients is defined as transfusion of greater than 10 units of red blood cells in a 24-hour period. A rapid infusion device with warming capability should be used for ALL Massive transfusion to prevent hypothermia and coagulopathy.

ENTITIES AFFECTED BY THIS POLICY (SCOPE):

WakeMed adopts the following policy & procedures for WakeMed Raleigh and WakeMed Cary.

WHO SHOULD READ THIS POLICY:

This policy shall be read by department supervisors, managers, directors, and administrators. Furthermore, any individual considering issuing, revising, assisting in the drafting of, or archiving a policy.

PROCEDURES:

If a transfusion need of greater than 10 units of blood products is anticipated in a 24 hour period, consideration should be given to the administration of:

- I. Packed red blood cells, plasma, and platelets at a 6:6:1 Ratio.
- II. Raleigh Campus trauma emergency release:
 - a. Whole blood or Red blood cells to plasma at 1:1 (ED Blood Fridge). Blood product cooler for Trauma One (when released from the laboratory) will have 1:1 ratio for adult patients (2 pRBC and 2 plasma).
- III. Cary Campus trauma emergency release:
 - a. Emergency release uncrossmatched blood product cooler for Trauma Alpha will have 2:1 ratio for adult patients (4 pRBC and 2 plasma).
- IV. Cryoprecipitate is ordered separately for and used for patients with fibrinogen depletion.
- V. Upon recognizing the need for MTP the following steps need to occur rapidly:
 - a. EPIC order set should be entered for MTP
 - b. A call should be placed to blood bank to inform of the need to start MTP
 - c. A patient ID (doc labels) to be added to a blood procurement for will be brought to the lab to obtain products
- VI. Once recognized that MTP is no longer needed, call blood bank to stop the process.
- VII. All transfusion records associated with MTP, if used, should be scanned into EPIC


Origination date: 01/31/2008

Prepared by: MGR, TRAUMA PROGRAM

Approved by: MED DIR, TRAUMA, PHYSICIAN, SURGEON

Reviewed: 04/27/2021

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Evidence for hemorrhagic shock?
 $SBP \leq 70$ Or
 $SBP 71-90$ & $HR \geq 110$

Yes

**Positive FAST?
 Penetrating Torso Injury?
 Major Pelvic Fracture?
 Acute Hemorrhage?**


Yes

**ACTIVATE MASSIVE
 TRANSFUSION
 PROTOCOL**

No

**Resuscitate
 per ATLS**

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THIS POLICY IS CROSS REFERENCED IN:

Blood Transfusions

I. ADDITIONAL RESOURCES

ATLS, advanced trauma life support. (2012). 9th ed. Chicago, IL: American College of Surgeons, pp.156 & 264.

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