

BLOOD BANK:

Massive Transfusion Protocol (MTP)

In order to provide safe obstetric care, institutions **MUST:**

- Have a minimum of 4 units of O-negative PRBCs
- Have the ability to obtain 6 units PRBCs & 4 units FFP (compatible or type specific) for a bleeding patient
- Have a mechanism in place to obtain platelets & additional products in a timely fashion

Blood transfusion or crossmatching should not be used as a negative quality marker & is warranted for certain obstetric events.

<p>1 Patient currently bleeding & at risk for uncontrollable bleeding</p> <p>A Activate MTP — call (ADD NUMBER) & say “activate massive transfusion protocol”</p> <p>B Nursing/anesthesia draw stat labs – type & crossmatch – hemoglobin & platelet count, PT (INR)/PTT, fibrinogen, & ABG (as needed) →</p>	<p>2 Immediate need for transfusion (type & crossmatch not yet available)</p> <p>A Give 2-4 units O-negative PRBCs</p> <p>B "OB EMERGENCY RELEASE" →</p>
<p>3 ANTICIPATE ONGOING MASSIVE BLOOD NEEDS</p> <p>A Obtain massive transfusion pack – Consider using coolers</p> <p>B Administer as needed in a 6:4:1 ratio – 6 units PRBCs – 4 units FFP – 1 apheresis pack of platelets →</p>	<p>4 INITIAL LAB RESULTS</p> <p>A Normal > anticipate ongoing bleeding > repeat massive transfusion pack > bleeding controlled > deactivate MTP</p> <p>B Abnormal > repeat massive transfusion pack > repeat labs > consider cryoprecipitate and consultation for alternative coagulation agents (Prothrombin Complex Concentrate [PCC], recombinant Factor VIIa, tranexamic acid)</p>

IMPORTANT PROTOCOL ITEMS TO BE DETERMINED AT EACH INSTITUTION:

- How to activate MTP:

- Blood bank # & location; notify ASAP:

I will call: _____

- Emergency release protocol that both blood bank staff & ordering parties (MD/RN/CNM) understand:

- How will blood be brought to L&D?

- How will additional blood products/platelets be obtained?

- Mechanism for obtaining serial labs, such as with each transfusion pack, to ensure transfusion targets achieved:
