

British Society for Haematology Guideline

Haematological management of major haemorrhage

Addendum March 2017

P 801 in published pdf section on Other blood components 2^{nd} para K Pendry J Birchall S Allard

If platelets are required before the blood group of the patient is known, Group A should be used. RhD negative platelets should be used for females less than 50 years of age with unknown group.

Change to:

It is acceptable to use ABO incompatible platelets negative for high titre agglutinins in the management of patients with major haemorrhage (Estcourt et al 2017). RhD negative platelets should be used for females less than 50 years of age with unknown group.

Reference

Estcourt, L. J., Birchall, J., Allard, S., Bassey, S. J., Hersey, P., Kerr, J. P., Mumford, A. D., Stanworth, S. J., Tinegate, H. and the British Committee for Standards in Haematology (2017), Guidelines for the use of platelet transfusions. Br J Haematol, 176: 365–394



Amendment to Figure 1 p 791

Recognize blood loss and trigger major blood loss protocol

Take baseline blood samples prior to transfusion for:

- Full blood count, Group and Save, clotting screen including Clauss fibrinogen or
- Near-patient haemostatic testing if available
- · Give FFP:RBCs in at least 1:2 ratio

If trauma and < 3 h from injury, give tranexamic acid 1 g bolus over 10 min followed by IV infusion of 1 g over 8 h and FFP:RBC in 1:1 ratio; consider a dose of platelets. Consider tranexamic acid 1 g bolus in non-traumatic bleeding

TEAM LEADER to further co-ordinate management and nominate a member of team to liaise with transfusion laboratory

State patient unique identifier & location

- Limit use of Group O RhD Neg RBC; until group known use O RhD Neg units in females< 50 years and consider O RhD Pos in males
- Use group-specific RBC as soon as available
- Request pre-agreed ratio of blood components, e.g., 4 units RBC and 4 units FFP; Send porter to laboratory to collect urgently

IF BLEEDING CONTINUES

Consider blood warmer

Replace text box with this wording

Until Laboratory results are available:

Give FFP:RBCs in at least a 1:2 ratio (for trauma give FFP:RBCs in a 1:1 ratio)

Consider Cryoprecipitate (2 pools)

Until Laboratory results are available:

ive FFP and red cells in a ratio of

Consider Cryoprecipitate (2 pools)

When laboratory results are available:	
IF:	GIVE:
Falling Hb	Red cells
APPT and/or PT ratio >1.5	FFP 15-20 ml/kg
Fibrinogen < 1·5 g/l	Cryoprecipitate (2

Platelet count < 50

 $\times 10^{9}/I$

Platelets 1 adult

dose (order when <

100 x 109/I)

Continue cycle of monitoring and giving

appropriate blood components until bleeding



Figure 1. Algorithm for the management of major haemorrhage

