Massive Transfusion Policy (MTP) Quick Guide

Triggers for Initiating MTP FROM ED – Using BloodTrack Blood Refrigerator

1. Any patient receiving blood products to maintain SBP en route
2. Assessment of Blood Consumption (ABC) Score Comprised of four components:
   • SBP less than 90 mm Hg
   • HR greater than 120 bpm
   • Positive Focused Assessment Sonography in Trauma (FAST Exam)
   • Penetrating torso injury

* A score of 2 or greater on the ABC Score indicates a need initiate the Massive Transfusion Protocol.

Designation of Person Responsible for Triggering MTP

• Primary Team
• Intensivist Team
• ED, Anesthesia

Initiate MTP

• Initiate Trauma Page for MTP Activation
• Identify patient and MRN
• Runner to blood bank immediately for cooler
• Initial lab draws as patient condition allows
• RN to blood fridge for initial trauma pack
• Remove RED TRAUMA PACK IF AVAILABLE

• RED TRAUMA PACK CONTAINS
  o 4 units WHOLE BLOOD

• Administer whole blood – up to, but no greater than, 4 units
• IF MTP CONTINUES after 4 units, convert to MTP PACK component therapy as directed by the Attending
• IF NO RED TRAUMA PACK AVAILABLE, MOVE STaight TO COMPONENT THEARAPY AS BELOW – PINK PACK FOR FEMALE, BLUE PACK FOR MALE

• MTP pack in blood fridge includes
  o 5 units PRBC
  o 5 units plasma

• Administer in RBC & plasma in 1:1 ratio, then platelets which will be delivered on the top of the initial cooler

• Blood Bank to set up MTP Pack #2 containing
  o 5 units PRBC
  o 5 units plasma

• ED to pick up cooler with above noted contents

• Blood bank to set up MTP Pack #3 to include
  o 5 units PRBC
  o 5 units plasma (do not delay issuing cooler if less than five units are available)
  o 1 unit apheresis platelets (to accompany cooler, but not placed in cooler)

• Repeat alternating #2 and #3 in 1:1 ratio or as directed until MTP deactivated or moves to TEG based orders
Lab Studies
- All labs will be performed STAT or via Point of Care Testing where available
- Type and screen
- Thromoboelastogram (TEG)
- CBC, PT/PTT, Basic Metabolic Panel, ionized Calcium, Lactate and Arterial Blood Gas (ABG) – initially and every 4 hours or after each cooler or whichever comes first
- Fibrinogen level after 10 units PRBC
  - Give cryoprecipitate 10 units (after every 2 coolers) for fibrinogen level less than 100 mg/dL

Hemostasis
- If bleeding controlled, deactivate MTP
- If bleeding uncontrolled, continue MTP
- With continued ooze:
  - Give plasma for INR greater than 1.6
  - Give platelets for platelet count less than 50 x 10^9/L
    - Consider rFVIIa (recombinant Factor VIIa) – requires Attending approval

After Stabilization
- Deactivate MTP
- Return cooler with any unused units to the Blood Bank
- Draw labs
  - PT / Fibrinogen / CBC / BMP / iCa
  - At least every 6 hours and PRN for 24 hours
  - Then every 12 hours for 24 hours

Updated: 11/2020