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.

- Patient currently bleeding & at risk for uncontrollable bleeding
 A Activate MTP call (ADD NUMBER) & say "activate massive transfusion protocol"
 - B Nursing/anesthesia draw stat labs
 - type & crossmatch
 - hemoglobin & platelet count, PT (INR)/ PTT, fibrinogen, & ABG (as needed)



- 2 Immediate need for transfusion (type & crossmatch not yet available)

 A Give 2-4 units O-negative PRBCs

 B "OB EMERGENCY RELEASE"
- 3 Anticipate ongoing massive blood needs
- A Obtain massive transfusion packConsider using coolers
- B Administer as needed in a 6:4:1 ratio
 - 6 units PRBCs
 - 4 units FFP

I will call:

- 1 apheresis pack of platelets



- 4 Initial lab results
- A Normal > anticipate ongoing bleeding > repeat massive transfusion pack > bleeding controlled > deactivate MTP
- 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)

IMPORTANT PROTOCOL ITEMS TO BE DETERMINED AT EACH INSTITUTION:

- How to activate MTP:

 Blood bank # & location; notify ASAP:
- 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: