**Adult Major Haemorrhage in Trauma Guideline 15.11.16 V4**

**Scope**

This document sets out the standards for all receiving units in the Midlands Trauma Networks in respect of Major Haemorrhage in trauma. **This is now the preferred guideline for all units.**

**Introduction**

The timely provision of tranexamic acid and blood products to major trauma patients is associated with improved outcomes. Evidence suggests that using a high ratio of Plasma (FFP/Octaplas) and platelets to packed red cells (PRC) reduces coagulopathy and overall blood use. Recent publications and consensus guidance has strengthened the recommendation for a PRC to plasma ratio of 1:1 and this should be adopted for all major trauma major haemorrhage protocols. It is recognized that major trauma bleeding ***may be*** different from other sorts of bleeding so providers may need two MHP protocols, one for major trauma and one for other bleeding scenarios.

**Protocol**

1. Every receiving unit should have a clearly defined major haemorrhage protocol for trauma approved by the local blood transfusion committee.
2. Within the protocol there should be clear guidance on the following:
   1. Activation criteria and method of activation
   2. The roles and responsibilities of the personnel involved
   3. The ratio of packed cells to plasma which should be 1:1
   4. Clear guidance on products to use in persons known or suspected to have been born after 1996.
   5. Adult Major Trauma Centre’s should maintain a stock of pre-thawed plasma for immediate use
   6. The ratio of packed red cells to platelet transfusion
   7. What products should be used pre-cross matching, specifically scenarios in which Group O Rh D +ve blood may be used.
   8. The communication mechanism between clinicians and the labs
   9. The availability and method of communicating with the on call haematology consultant.
   10. The stand down criteria
3. Every receiving unit must have clear guidance on the reversal procedure for oral anticoagulants including Warfarin and direct oral anticoagulants e.g. rivaroxaban, dabigatran, apixaban.
4. Every receiving unit must have facilities for in line warming of blood products immediately available within the resuscitation room.
5. Every receiving unit should have evidence that the activations of the major haemorrhage protocol are monitored and audited.
6. Every receiving unit should have Tranexamic Acid immediately available in the resuscitation room.
7. The time and dose of Tranexamic Acid administration must be recorded on the trauma chart.

**References**

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