

# UK Adult Trauma Massive Transfusion Protocol (MTP)

## Trauma ABC Score:

1. Penetrating truncal trauma
2. ED SBP  $\leq 90$
3. ED HR  $\geq 120$
4. Positive FAST

If 2 of these criteria are present (OR at surgeon discretion), activate MTP.

## RABT Score:

1. Penetrating truncal trauma
2. Shock index (HR/SBP)  $> 1$
3. Positive FAST
4. Pelvic fracture

Contact Blood Bank: (3-5401), indicate whether it is a Trauma MTP  
Surgeon must designate or call themselves.  
Enter MTP order in SCM

**Send ED or OR Tech to BB IMMEDIATELY**

**Send T&C (tube 103 or 630 directly to blood bank) if not already sent**  
**Send TEG (notify ABG tech)**

Controlled Resuscitation: (Minimal crystalloid)

MTP cooler used:

Consider repeat labs:  
Hemogram, TEG, Ca $^{++}$

Surgical bleeding Controlled?

**YES:** Contact Blood Bank: "Stop MTP"  
Continue TEG-based resuscitation.

**NO:** Return cooler to BB for refill

## MTP Coolers:

Cooler 1=4RBC/4FFP

**If whole blood is available, Cooler 1 will contain 4 units whole blood**

Cooler 2=4RBC/4FFP/Pheresis plt

Cooler 3=4RBC/4FFP

Cooler 4 = Cooler 2

Cooler 5=Cooler 3

Etc

## Notes:

1. Consider **Calcium** replacement.
2. **Cryo** is not automated.
3. Cryo administration may be empiric or TEG-based.

**Kcentra (prothrombin complex concentrate) (25units/kg) can be considered if plasma unavailability/shortage.**

# Massive Transfusion In Surgery And Trauma Pcbr V 1 08

**F Rizvi**



## **Massive Transfusion In Surgery And Trauma Pcbv V 1 08:**

Massive Transfusion in Surgery and Trauma Pcbv V 1 08 Collins Publishers Staff, 1982-10 *Medical and Health Care Books and Serials in Print*, 1986 **Cumulated Index Medicus**, 1995 **Index Medicus**, 2001 Vols for 1963 include as pt 2 of the Jan issue Medical subject headings Science Citation Index, 1994 Vols for 1964 have guides and journal lists **Neue medizinische Welt**, 1956-04 **Massive Transfusion in Surgery and Trauma**, 1982 Trauma Surgery S. Di Saverio, G. Tugnoli, F. Catena, L. Ansaloni, N. Naidoo, 2013-12-13 Trauma surgery has increasingly become a specialized field inspired by different principles and philosophy A good trauma surgeon is a surgeon who knows how to perform abdominal vascular thoracic urologic gynecologic and orthopaedic procedures and is able to repair multiple traumatic injuries in the best sequence possible In this first volume practical up to date guidance is provided on the optimal critical care and ICU management of trauma patients In addition individual chapters focus on specific injuries in orthopaedic trauma and especially spinal trauma and neurotrauma with the aim of providing a fresh view of the surgical approach and practical suggestions for improving the skills of treating surgeons Educational issues and the organization of a trauma center are also covered The volume will be a handy pocket guide for trainee surgeons and any surgeon physician or nurse who treats trauma patients It will be particularly relevant for emergency department physicians critical care and ICU doctors orthopaedic surgeons neurosurgeons and professionals responsible for trauma care and decision making programs of trauma education or organization of a trauma center Also available Trauma Surgery Vol 2 Thoracic and Abdominal Trauma *Hemotherapy in Trauma and Surgery* American Association of Blood Banks. Committee on Technical Workshops, 1979 *Advances in Trauma, An Issue of Critical Care Clinics* Lena M. Napolitano, 2016-11-30 Guest editor Lena Napolitano has assembled an expert team of authors on the topic of Trauma in the ICU Articles will focus on Non compressible Torso Hemorrhage Prediction of Massive Transfusion in Trauma Coagulopathy of Trauma Viscoelastic testing and Hyperfibrinolysis in Trauma Tranexamic Update in Trauma Optimal Reversal of Novel Anticoagulants in Trauma Optimal Transfusion for Traumatic Hemorrhagic Shock and more **Massive Transfusion Protocol in a Tertiary University Hospital. Is it Followed by Surgeons, Anesthesiologists and Other Medical Specialists?** Miguel Angel Monreal, 2017 Background and Goal of Study Today massive bleeding MB is one of the conditions with highest death rates It may occur in different clinical settings such as cardiovascular surgery obstetrics or trauma Current guidelines recommend to guide the assistance through a massive transfusion protocol MTP The goal of this study is to educate about the MTP in a tertiary university referral hospital It is important to find out our physicians knowledge on MTP if transfusion knowledge is related to a better transfusion practice TP and to describe which are the main parameters to start transfusional support in MB Materials and Methods After local ethics committee approval HULP PI 230 an anonymous survey was developed in six departments Anesthesia AR Emergency ED Internal medicine IM Orthopedics OT Intensive Care Unit ICU and General Surgery GS Data were collected

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Massive Transfusion Protocol in a Tertiary University Hospital. Is it Followed by Surgeons, Anesthesiologists and Other Medical Specialists? M. Guirao, E. Guasch, 2017 Background and Goal of Study Today massive bleeding MB is one of the conditions with highest death rates It may occur in different clinical settings such as cardiovascular surgery obstetrics or trauma Current guidelines recommend to guide the assistance through a massive transfusion protocol MTP The goal of this study is to educate about the MTP in a tertiary university referral hospital It is important to find out our physicians knowledge on MTP if transfusion knowledge is related to a better transfusion practice TP and to describe which are the main parameters to start transfusional support in MB Materials and Methods After local ethics committee approval HULP PI 230 an anonymous survey was developed in six departments Anesthesia AR Emergency ED Internal medicine IM Orthopedics OT Intensive Care Unit ICU and General Surgery GS Data were collected throughout a three month period Dec 15 Feb 16 Pearson s chi square test Fisher exact test and likelihood ratio was used for qualitative variables Results and Discussion 125 302 surveys were sent back 41 3% 76% N 95 were staff members and 23 2% N 29 were residents 74 2% N 92 were familiar with the existence of a MTP at hospital while 25 8% N 32 were unaware of its existence Data obtained in each department is shown on table 1 Group t Resident staff t AR t ED t ICU t IM t OT t GS % t 86 2 t 70 2 t 86 4 t 90 t 85 7 t 53 3 t 8 3 t 50 n t 25 t 66 t 51 t 18 t 12 t 8 t 1 t 2 Table 1 % physicians who know about the MTP 67 2% N 84 of doctors had received education about TP 89 2% N 74 of trained doctors were aware of the MTP vs 42 5% N 17 of non trained p

**Massive Transfusion** Lynn Stansbury, John R. Hess, 2019 **Recent Advances and Future Directions in Trauma Care, An Issue of Surgical Clinics** Jeremy W.

Cannon, 2012-08-28 An important review on trauma for the general surgeon Topics include spectrum of TBI from mild to severe management of complex extremity injuries long range ICU transport advanced technologies in trauma CC management non compressible torso hemorrhage trauma system configurations in other countries graduate medical education in trauma CC and acute care surgery improving care in the trauma ICU damage control surgery massive transfusion and damage control resuscitation burn electrical environmental injury resuscitation pre hospital management and tactical combat casualty care research and analytics in trauma care verification and regionalization of trauma systems and more **Massive Transfusion in Surgery and Trauma** John Austin Collins, Kris Murawski, A. William Shafer, 1982

*Rethinking Blood Ratios in Massive Transfusion for Trauma Patients* Minh Chau Thanh Nguyen, 2016 *Early High Ratio*

*Plasma to Packed Red Blood Cell Massive Transfusion in Major Trauma Patients Improves Survival in a Canadian Level I Trauma Center* Ahmed Alburakan, 2017 Background Hemorrhage continues to be the leading cause of death in major trauma. The concept of damage control resuscitation has gained popularity in both army and civilian setting and early resuscitation with a high ratio plasma to packed red blood cell transfusion in a protocolized setting has been associated with improved survival, reduced complications and improved resource utilization. Research objective We aim to determine if higher ratio plasma to packed red cell FFP PRBC transfusion has an impact on survival in our Canadian level 1 trauma center. Methods This is a retrospective study incorporating all the trauma victims who received any blood transfusion in the period between July 2008 and December 2010. Of those patients who received 6 units of packed red cells in the first 24 hours were identified using the trauma and blood bank registry. Patients were divided into high plasma to packed red cell FFP PRBC 1:1:5 and low plasma to packed red cell ratio FFP PRBC.

**Massive Transfusion and Control of Hemorrhage in the Trauma Patient** Charles E. Smith, 2001

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Derivation and Validation of a Clinical Prediction Rule to Predict the Likelihood of Massive Transfusion in Military Major Trauma Jacqueline McLennan, 2013

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