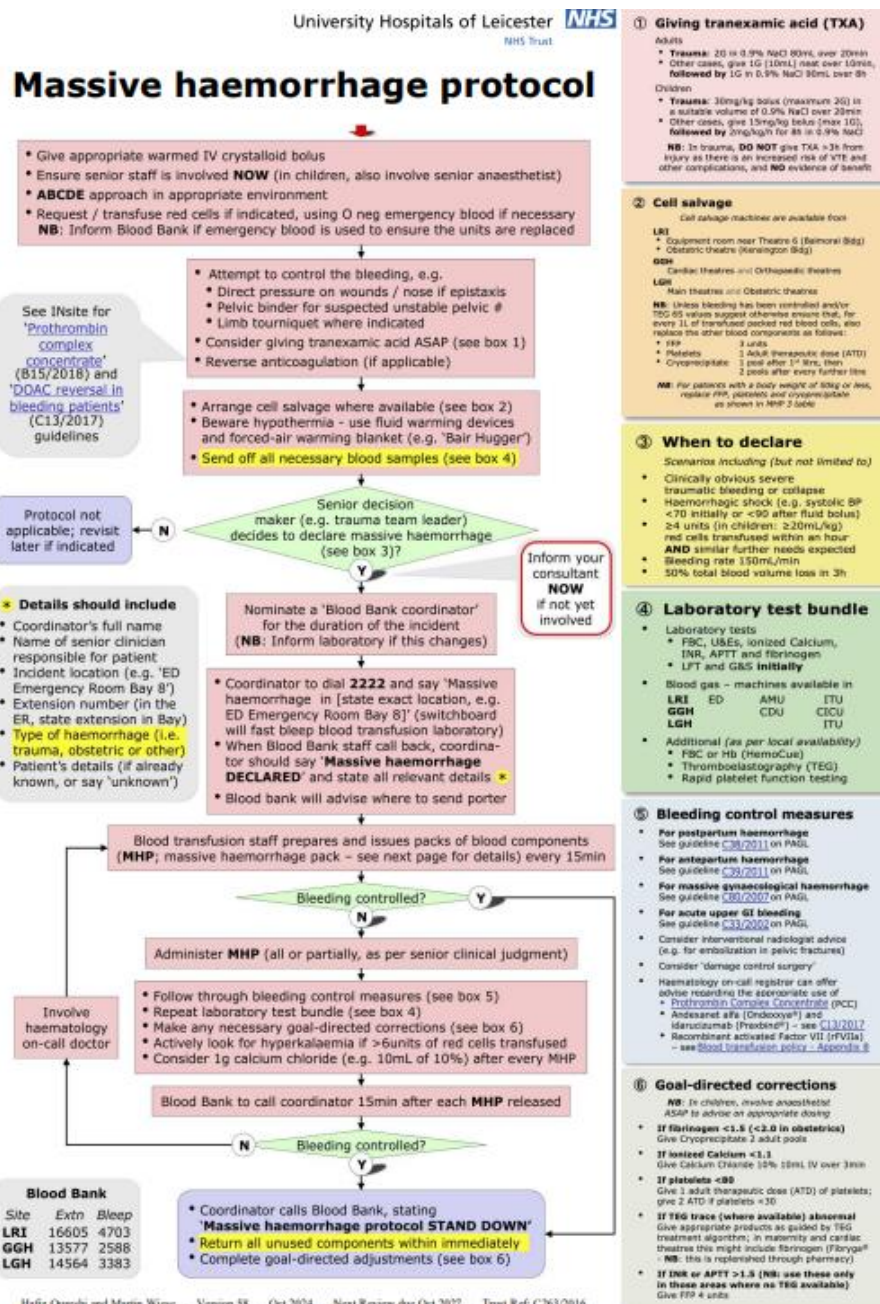


## 1. INTRODUCTION AND WHO GUIDELINE APPLIES TO

Massive Haemorrhage is quantified as >50% of total blood volume lost in 3 hours, TBV <24 hours, or a rate of blood loss of 150 mls/min. The clinician should activate this protocol if 4 or more units of red cells have been transfused within an hour and similar further transfusions are anticipated.

This guideline applies to all clinical staff. See also, Postpartum Haemorrhage – a Guideline for Management (Trust Ref: B36/2008)

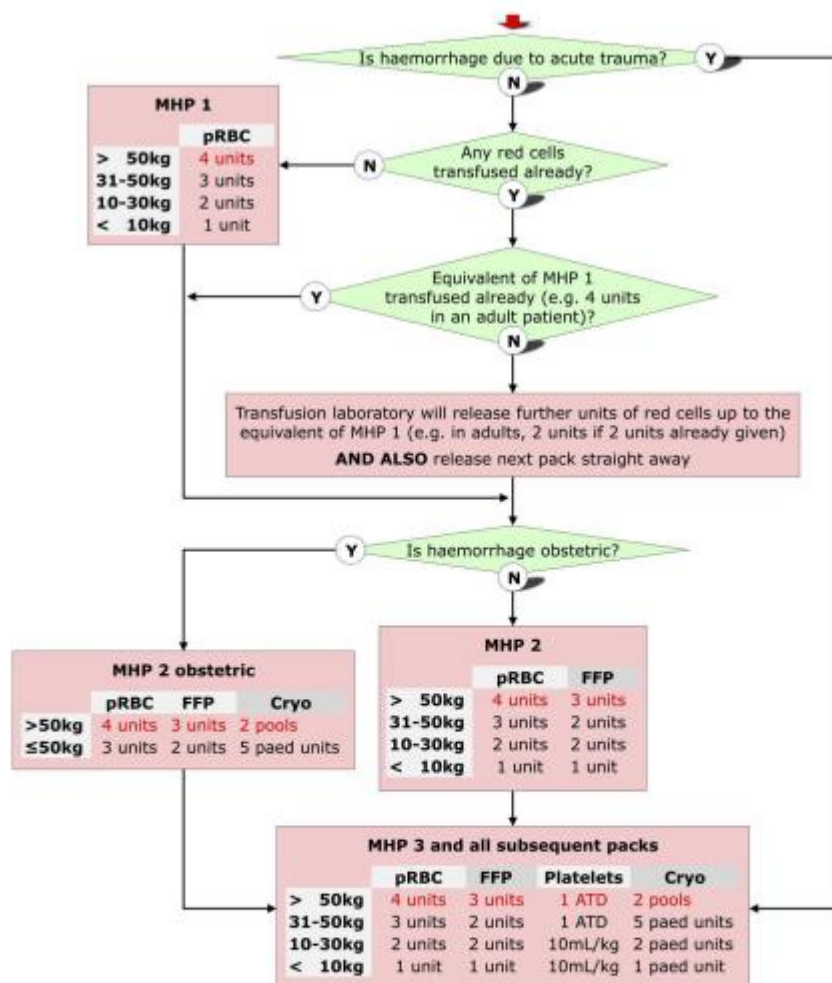
## 2. GUIDELINE STANDARDS AND PROCEDURES



# Massive haemorrhage pack (MHP) release sequence

## Massive haemorrhage protocol

Massive haemorrhage pack (MHP) release sequence



### Notes to clinicians

- If cross-matched blood not yet available, red cells will be provided as
  - O negative (women aged <50 and children) or O positive (men); available immediately (NB: in this situation, the clinical urgency will outweigh any concerns about the untested possible presence of atypical red cell antibodies)
  - Group specific (available within 20min)
- Pre-thawed FFP is available for immediate use
- Cryoprecipitate will require defrosting – this takes about 20min
- In children, transfusion of 5mL/kg red cells will typically raise Hb by 10g/L

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### 3. KEY WORDS

Massive Haemorrhage, MHP,

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review:	