

A NURSING GUIDELINE FOR
MASSIVE TRANSFUSION PROTOCOL IN PEDIATRIC PATIENTS
(PATIENTS LESS THAN 50KG)

*Patient at risk for uncontrollable bleeding

- Active medical team
- STAT blood draw
 - Type and Screen (Lavender Tube #1)
 - DIC Panel (Blue Topped Tube)
 - PT
 - PTT
 - Fibrinogen
 - CBC (Lavender Tube #2)
- ABG with hgb/hct/lactate/cooximetry – NICU/PICU order set (heparinized syringe)

*Immediate need for transfusion?

- If NO, then continue resuscitation and evaluation
- If YES, call Blood Bank (74329) and request emergency release 0-negative blood
 - Give in 10 ml/kg doses

*Need to invoke Massive Transfusion Protocol?

- If NO, then continue conventional resuscitation and evaluate as needed
- If YES – **Attending Physician Calls the Blood Bank (74239) and inform them of the need to trigger the Pediatric Massive Transfusion Protocol**
(This is equal to the second pack in Adult MTP)
- This MTP Pack includes
 - 4 units RBCs (volume of each unit is approximately 300cc)
 - 4 units FFP (volume of each unit is approximately 300cc)
 - Give each product in 10-15 mg/kg doses as needed
 - 1 apheresis pack of platelets (volume of each range from 180-300ml)
 - Transfuse in 10-15 ml/kg doses
 - 1 dose pooled Cryoprecipitate (one dose = 5 “units”)
 - Administer as 2 units/10kg (or 1 pooled dose/25 kg)

The Blood Bank will continue to issue 4 units RBCs, 4 units FFP, 1 dose of Platelets and 1 dose of Cryoprecipitate, repeating the cycle until the end of MTP is called.

Comments:

- In emergencies, transfuse roughly equal volumes of PRBCs and FFP.
- In pediatric patients, consider transfusing the platelets and cryoprecipitate each when halfway through the MTP pack (roughly every 2-4 PRBC transfusions of 10-ml/kg). When not emergent (blood loss is slowing), dose platelets based on target serum platelet value and dose cryoprecipitate to keep serum fibrinogen levels > 100mg/dL.
- Factor VIIa can be given after the second round if applicable.
- Blood must be warmed before given to patient
- A blood runner is assigned by the Blood Bank, but units may assign their own if one is ready and available.
- Blood runner is to stay with patient until a hand-off to another blood runner is made **OR** until the end of MTP is called.

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