



ED Exsanguinating Patient Protocol

Age 14+

Protocol inclusion criteria:

Adult (age 14+)

Hemorrhagic shock **without** cross-matched products already **immediately** available

Request release 2 units whole blood using WHOLE blood emergency form

Uncrossmatched, Low Titer, type O, Leukoreduced (per supplier)

Transfusion Inclusion Criteria:

1. Confirm Age 14+
2. Presumed hemorrhagic shock – meets 1 or more of the following criteria
 - SBP < 90
 - HR > 120
 - Shock Index >1 (HR/SBP)

AND

1 or more of the following

- Imaging supporting significant active blood loss (+FAST/US findings/cross sectional imaging—e.g., ruptured AAA, ruptured ectopic, vascular catastrophe)
- Adult P1 Trauma Criteria
 - Penetrating trauma OR any of
 - Active external hemorrhage
 - Limb tourniquet
 - Massive Hemothorax
 - Pelvic binder
 - Significant soft tissue defect requiring packing
 - Long bone (femur) fracture
 - Other
- Clinically evident ongoing active blood loss
 - GIB (melena/hematachezia/hematemesis)
 - Vaginal Bleeding
 - Epistaxis
 - Other
- Received blood prior to arrival (en-route or at outside facility) to maintain SBP > 90

-THEN-

Activate MTP (Per ED/Trauma attending discretion) – 1:1:1 component resuscitation

1. 4PRBC, 4FFP, 1PLT
2. 4PRBC, 4FFP, 1CRYO
3. Repeat 1 and 2 as needed
4. TXA based on time from injury/insult and attending discretion (consider waiting until 2uWB transfused to see if response before giving TXA)
5. Obtain TEG for further resuscitation guidance.

-OR-

TEG Directed Component Resuscitation

1. PRBC, FFP, Platelet resuscitation directed by physiology and TEG data.
2. TEG data available in ED, OR and ICU

Young female of child-bearing age (14-45) – Blood bank will audit whole blood release and contact primary team with 24 hours to determine indication/need for RhoGham rx. Protocol developed in conjunction with Pharmacy and Blood Bank.