

# ED Exsanguinating Patient Protocol

**Protocol inclusion criteria:**

Adolescents (age 14-17)

Adult (age 17+)

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

**-AND-**

**Immediate consultation/notification of appropriate service for *HEMORRHAGE CONTROL***

1. Trauma, Pediatric Surgery
2. GI Bleed: General surgery (ACS Blue), Pediatric Surgery, GI, IR
3. Vascular surgery
4. OB/GYN
5. SICU, PICU, MICU

*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.*

*Reviewed 8/30/23*