

# MAJOR HAEMORRHAGE

## ACTION CARD 1

### CLINICAL LEAD



- Declare Major Haemorrhage
- Nominate : Communication lead & tell them to phone 2222  
: Haemorrhage Monitor

issue action cards to these staff members  
make it clear that this is the sole role for staff with action cards

- Communicate with Comms lead as to whether Pack A or 6 units RBC will be required
- It is helpful to state if O neg, type specific or full cross match

### **Porter Arrives in Resus**

- Request collect O negative blood from fridge
- Specify 2 or 4 units
- Consider use of Tranexamic Acid (see action card 4 for dose& administration)
- Ensure samples & forms for  
FBC  
X-match (2<sup>nd</sup> sample will be required at some point)  
Coagulation  
Biochemistry

If patient 'unknown' keep TJ number until MH 'stand down'

- Give samples & **forms** to the porter when he arrives back with the O negative
- Liaise with Haemorrhage monitor & comms lead re requirement for further blood

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### ACTION CARD 2

### COMMUNICATION LEAD



- Phone switchboard      Dial 2222
- State                      Major Haemorrhage  
                                 Resus  
                                 RAH
- Liaise with Clinical Lead: Ask do they want, Pack A or 6 units RBC?

### **Porter arrives in Resus with first delivery of O negative blood**

- Haematology will contact resus on the red phone to ask what blood pack required: Advise blood bank if O negative has been removed from fridge
- Liaise with Clinical Lead: Ask do they want, Pack A or 6 units RBC?
- also need to know if O-neg, type specific or Full X-match
- Stay next to phone: Do not get involved in any other duties
- When incident over/no further blood or products required contact blood bank to 'stand down' from major haemorrhage (ext 06159)

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ACTION CARD 3

HAEMORRHAGE MONITOR



- This should be your sole role during the event
- **DO NOT GET INVOLVED IN ANY OTHER NURSING DUTIES**
- Prepare for blood transfusion/prime blood warmer
- Prepare documentation: Charts are in Major Haemorrhage folder

**Porter Arrives in Resus with first delivery of O negative blood**

- Check blood:
- Commence transfusion
- Pink labels attached to documentation
- At end of resus ensure blue labels returned to labs
- Medical staff to sign for blood administration

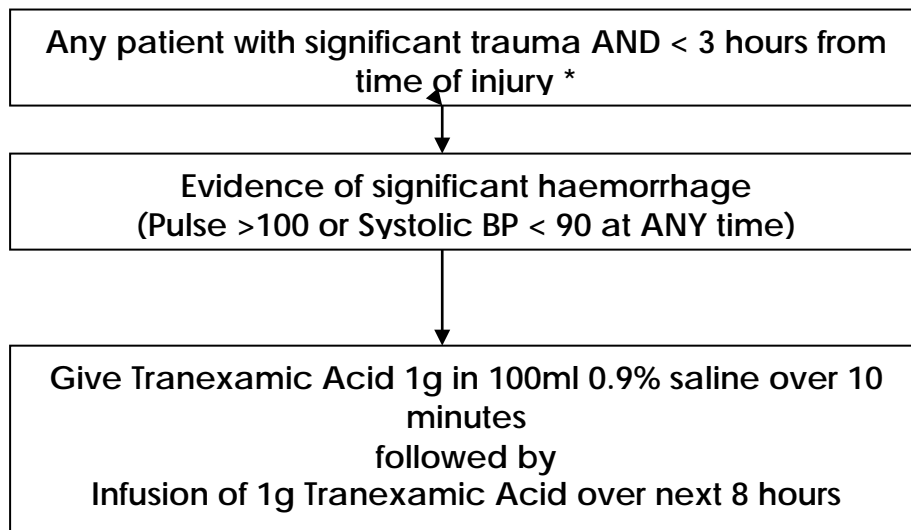
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## ACTION CARD 4

### TRANEXAMIC ACID



#### Guidance for use



**ENSURE TEAM ADMITTING PATIENT AWARE OF THE 8 HOUR INFUSION**

#### Contraindications to Tranexamic Acid

- Known previous thromboembolic disease (eg Pulmonary Embolus)
- Established DIC