

## Trauma

**Major trauma AND**, despite volume resuscitation,  
**Senior clinician suspicion of major haemorrhage**  
OR  $\geq 2$  of:

- Penetrating injury
- FAST scan positive for intra-abdominal fluid
- HR > 120 beats/minute
- SBP < 90 mmHg

2222 'CODE RED TRAUMA'

## Non-Trauma

**Surgical or medical major haemorrhage**  
(NOT OBSTETRIC) defined as **any of**:

- > 150 ml/min blood loss
- Loss of half the circulating volume in < 2 hours
- Rapid blood loss leading to haemodynamic compromise despite volume resuscitation

2222 'MAJOR TRANSFUSION  
PROTOCOL'

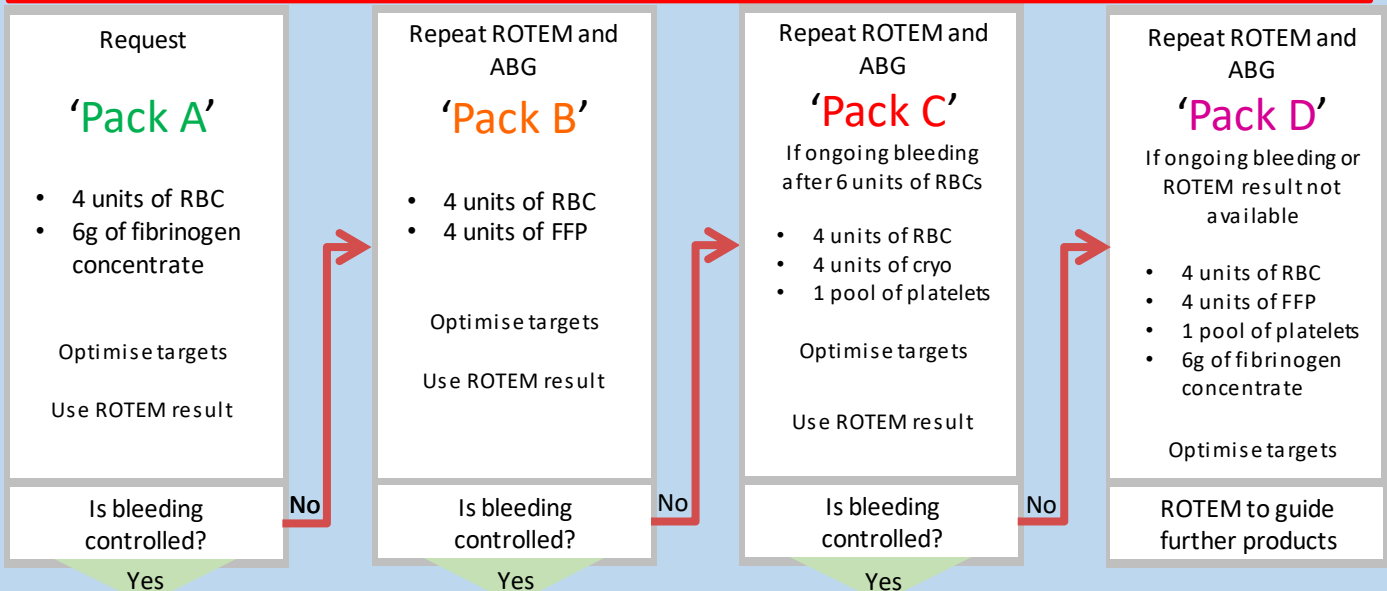
## Essential Actions

- Physical methods to stop bleeding
- Take at least FBC, INR, Group & Save, Cross-Match, ABG & ROTEM, fibrinogen
- Involve appropriate specialists for definitive management
- Reverse anticoagulants: Octaplex for Warfarin
- For DOACs liaise with on-call Haematology consultant
- Tranexamic acid 1g in Trauma (if within 3 hours) and non-trauma **except** GI bleed
- Assign a person to liaise with Transfusion and provide patient details

## Targets

Blood Pressure	Full Blood Count	Metabolic	ROTEM
<ul style="list-style-type: none"> <li>• Systolic BP 80 – 100 mmHg</li> <li>• In traumatic brain injury: mean BP <math>\geq</math> 80 mmHg</li> </ul>	<ul style="list-style-type: none"> <li>• Hb 90-100 g/L</li> <li>• Platelets &gt; <math>100 \times 10^9</math></li> <li>• Fibrinogen &gt; 2 g/L</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent hypothermia</li> <li>• <math>iCa^{2+}</math> &gt; 1.0 mmol/L</li> <li>• pH &gt; 7.20</li> </ul>	<ul style="list-style-type: none"> <li>• FIBTEM A5 &gt; 10 mm</li> <li>• EXTEM A5 &gt; 35 mm</li> <li>• CT &lt; 85 seconds</li> </ul>

**The administering team are responsible for arranging collection of products from transfusion lab**



Stand down, inform Transfusion, liaise with porters to return unused blood products

For information on interpreting ROTEM results, see separate **'ROTEM interpretation'** prompt card