Critical Bleeding Protocol (CBP) - Neonatal

Senior clinician activates CBP and notifies Transfusion Medicine Unit (TMU)
"Activate Critical Bleeding Protocol"

Activated when: Estimated blood loss > 40ml/kg with shock and laboratory or clinical evidence of coagulopathy

Take 2 x crossmatch deliver to TMU urgently.
Also send ABG, Coags, FBC
Send PCA to TMU to collect Critical Bleed pack

If BLOOD is required in <15 minutes request 0 negative RBC from TMU
order 1 unit 0 negative RBC

CRITICAL BLEED PACK 1
RBC give 20ml/kg
Cryoprecipitate give 5ml/kg

Alternate Packs 1 & 2
Rpt COAGS + ABG after each pack

CRITICAL BLEED PACK 2
RBC give 20ml/kg
FFP give 15ml/kg
PLT give 10ml/kg

Continue until bleeding controlled and hemodynamically stable then NOTIFY TMU TO STOP CBP

TMU contact details
PCH: 0429 128316, 6383 4015
Vocera ‘Transfusion Medicine’
KEMH: 82748

SAMPLES
Crossmatch - Pink tube HANDWRITTEN Label
Send 1 XM sample, keep 1 in case of PTS failure

AIM FOR
T > 36°C
pH > 7.2
Normocapnia
BE above -6
Lactate < 4nmol/L
Ca2+ > 1.1nmol/L
(use Ca Gluconate 10% 0.5ml/kg
Plt > 50 x 10⁹/L
PT/APTT
< 1.5xnormal
INR < 1.5
Fibrinogen > 2g/L

OPTIMISE
Physical measures
IV access
Oxygenation
Cardiac output
Temperature
Metabolic state

CONSIDER
Art Line
rFVIIa - Discuss with Haematologist

Notes:

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<tr>
<th>RBC</th>
<th>CRYO</th>
<th>PLT</th>
<th>FFP</th>
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<tbody>
<tr>
<td>60ml/unit</td>
<td>35mls/pack</td>
<td>178ml/pack</td>
<td>70ml/pack</td>
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Endorsed by the Hospital Transfusion Committee. March 2019
<table>
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<tr>
<th>Document owner:</th>
<th>Neonatal Directorate Management Committee</th>
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<tbody>
<tr>
<td>Author / Reviewer:</td>
<td>Neonatal Directorate Management Committee</td>
</tr>
<tr>
<td>Date first issued:</td>
<td>March 2019</td>
</tr>
<tr>
<td>Last reviewed:</td>
<td>26th March 2019</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>Neonatal Directorate Management Committee</td>
</tr>
<tr>
<td>Standards Applicable:</td>
<td>NSQHS Standards: 1 Governance, 6 Communicating, 7 Blood Management</td>
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</tbody>
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