


Name of Policy: <u>Massive Transfusion Protocol</u> Policy Number: 3364-108-405 Department: Pathology/Laboratory – Blood Bank Approving Officer: Associate Professor Director, Clinical Pathology/Hematopathology Responsible Agent: Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O’Connell) Scope: Pathology/Laboratory – Blood Bank	 Effective Date: 6/9/2008 Initial Effective Date: 6/1997
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service will respond by specific procedures when massive transfusion protocol (MTP) is initiated. The attending physician initiates MTP when immediate transfusion of ten or more units packed red blood cells is anticipated.

(B) Purpose of Policy

To expedite and anticipate blood product requirements in emergent, massive transfusion situations.

(C) Procedure

Section 1: Initiation of MTP

1. The Blood Transfusion Service will be notified immediately when MTP is initiated for a patient.
2. The Department of Pathology will ensure that the Blood Transfusion Service will have adequate staffing to provide for MTP demands by calling in additional personnel when necessary to bring staffing level to a minimum of two (2).
3. The “Request for Blood Transfusion” stating “Massive Transfusion Protocol” will be submitted with the Blood Bank specimen or may be initiated at any time by phone by the attending physician or designee. The Blood Bank specimen must be collected and sent to the BTS as soon as possible. The specimen must be labeled with orange Blood Bank ID labels/numbers with the following information completed: Patients first and last name or temporary name and hospital ID number, initials of phlebotomist, date and time of specimen collection. The corresponding Blood Bank ID number armband **must** be attached to the patient at the time of collection in order for subsequent Type-Specific/Compatible or crossmatched transfusions to be given. Patient name may be added to the armband when permanent identification is determined.

Section 2: Red Blood Cells

1. The ABO & Rh Type/Antibody Screen (T&S) will be performed immediately upon receipt of the specimen. The Type should be available within 15 minutes of receipt; the antibody screen should be completed within 40 minutes of receipt. All packed red blood cells issued prior to specimen receipt or prior to completion of the ABO & Rh Type will be “Uncrossmatched - Type O Negative” unless blood inventory constraints require release of “Uncrossmatched - Type O positive”. Packed red blood cells issued prior to completion of the antibody screen but after the completion of the type will be “Uncrossmatched - Type-Specific/Compatible”. The crossmatch will be performed as soon as possible for all packed red blood cells issued as “Uncrossmatched”.

2. Two (2) units of uncrossmatched blood, (Type O Negative packed red blood cells) are reserved and immediately available in the Blood Bank refrigerator in the ED Trauma Room. Additional two (2) units of uncrossmatched blood, (Type O Negative packed red blood cells) are reserved and immediately available in the Blood Bank refrigerator in the Blood Bank. The units will be released as requested to the designated transporter when MTP is initiated. Two (2) additional units of uncrossmatched blood, (Type O Negative packed red blood cells) will be reserved and immediately available unless blood inventory constraints require the use of Type O Positive uncrossmatched blood. Refer to Policy #40-4 for additional information.
3. Initiate crossmatch of six (6) units Type-Specific/Compatible packed red blood cells immediately upon determination of the patients ABO & Rh type according to procedure. If issued, the units must be considered uncrossmatched until completion of the antibody screen. Refer to Policy # 40-4 for additional information.
4. The BTS will immediately initiate the crossmatch of six additional units Type-Specific/Compatible packed red blood cells when the previous six are issued until MTP is terminated.
5. Blood Release forms, Urgent Requests for Uncrossmatched Blood and O.R. Blood Delivery and Storage Records presented to the BTS for release of crossmatched and/or type-specific blood products **must** bear patients first and last name, BB ID number and hospital ID number (two of these identifiers).
6. The attending physician or anesthesiologist will be notified immediately when incompatibility or positive antibody screen is detected. AHG crossmatch of all packed red blood cells issued uncrossmatched will be initiated immediately.

Section 3: Thawed Plasma

1. If ABO & Rh is not determined when MTP is initiated, two (2) units Type AB FFP will be thawed immediately and available within 30 minutes. Four (4) FFP will be thawed when the patients type is determined or when the first two FFP are issued.
2. The BTS will thaw four (4) additional FFP when previous set of four is issued until MTP is terminated.

Section 4: Platelets

1. Two units of Platelets, Pheresis will be requested STAT from ARC as soon as MTP is initiated. Platelets should be available 30 to 45 minutes after request. The BTS will notify attending physician or anesthesiologist when platelets are available. Platelets will be issued, individually, when requested by attending physician or anesthesiologist.
2. Two additional Platelets, Pheresis will be requested STAT from ARC when first units are issued until MTP is terminated.

Section 5: Cryoprecipitated AHF


Orders for cryoprecipitate will not be anticipated by the BTS unless specifically requested. Pooled cryoprecipitate will be available within 30 minutes of request.

Section 6: Termination of MTP

The BTS will notify the attending physician or designee as blood and blood products are made available. Products will be issued upon request or held in the Blood Bank until needed. The BTS will inquire at each notification if MTP should continue. It is the responsibility of the attending physician to notify BTS to discontinue MTP.

Section 7: Monitoring

Initiation of the Massive Transfusion Protocol, designation of MTP patients and use of Uncrossmatched blood will be monitored and reviewed by the Blood Utilization Review Committee when necessary.

Approved by:  <u>6-6-08</u> Date	Review/Revision Date: 6/97 2/99 5/02 1/05 1/2008 6/9/2008
Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology	
Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB	
Next Review Date: 6/1/2011	
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

Reference: AABB Standards for Blood Banks and Transfusion Services, current edition.