What’s in the Massive Transfusion Protocol (MTP) Package?

The Massive Transfusion Protocol Package is a set of documents intended to improve the coordination of a Massive Transfusion Protocol.

The kit contains:

1. A checklist to help improve Massive Transfusion Protocol process
2. Tips and reminders of important points for Massive Transfusion Protocol
3. Massive Transfusion Protocol
4. A sign to alert other that a computer is dedicated to MTP
5. Blood Product Tracking form
6. Issue Voucher for Blood Products (if labels unavailable)
7. Request form for Factor VII

The process requires the assignment of 2 individuals:

1. An RN Massive Transfusion Protocol Leader
2. A runner (cannot be a porter)

1. **Assign an RN to be the Massive Transfusion Pathway Leader.** This role is similar to the role of the recorder in a cardiac arrest. The MTP Leader will order blood products, assign runners, monitor and coordinate pathway progress, check blood products, record MTP related interventions, prompt the physician/team members of required acts/considerations and order/follow-up on labwork. The MTP leader should be relieved of other patient care responsibilities to remain focused on recording, oversight, coordination and delegation.

2. **Assign a Runner.** Assign a runner. Any employee with a hospital ID can pick up blood, including PSWs, RRTs and Unit Clerks. PORTERS cannot be a runner. The runner must be continuously available for BTL/Lab runs.
MASSIVE TRANSFUSION PATHWAY (MTP) CHECKLIST

- Obtain MTP Leader package from CN desk or website. **This is your only role!**
- Ensure MTP order entered in Power Chart (verbal order if needed)
- Assign a runner to pick up product or transport labs
- Initiate continuous temperature monitoring
- Ensure Level 1 Rapid Infusor initiated.
- Consider using Hot Line for administration of other IV fluids if needed
- Review the remainder of this document for important blood transfusion reminders and information

**Coordinate MTP**

- Use dedicated computer for ordering/checking blood products/labs (Signage in BTL package)
- Maintain a supply of BTL labels and reprint as required
- Prefill “next label” and have ready for runner
- Monitor rate of blood product utilization and order next set as required to ensure uninterrupted supply
- Record all blood product administration in the MTP tracking record (in package)

**Manage and Monitor Blood Product Administration**

- Receive and cross-check all blood products. Any RN, RRT or MD can check blood products
- Only allow checked-blood to enter room. Place in one location and arrange products in the order they were received
- Place signed blood checked labels (2 signatures/time hung) on a blank Progress or Lab sheet
- Keep all empty bags in one biohazard container that is free of other waste (empty bags should be kept in one location in case a blood transfusion reaction occurs)
- Monitor tracking sheet to identify next interventions (labs, cryoprecipitate, tranexamic acid)
- Communicate MTP recommendations to physician/team
- Place orders for labwork, new transfusion samples or blood products as needed
- Assign a nurse to draw labs when due. ENSURE CORRECT LABEL (high risk situation for error and harm); have runner take samples directly to lab (runner should ensure that tech knows that this is STAT)
- Monitor for lab results, communicate with lab as needed and report results to team.
- Notify BTL if patient expires or cancel MTP when no longer required
- Return any unused blood products to BTL promptly
**Massive Transfusion Pathway Information**

- If MTP was ordered in Power Chart prior to CCTC admission (e.g., ED, OR, ward), labels can continue to be used (even if patient has not been admitted in Power Chart to CCTC).

- If MTP was activated by telephone and not placed in Power Chart (e.g., in the OR), blood products WILL be available but labels will not be printed. Enter MTP in Power Chart upon admission.

- Until patient is admitted in Power Chart, use the paper based Issue Voucher for Blood Products (included in package). Uncrossed blood will be issued until group and crossmatch is completed.

- Eight Blood Transfusion Labels print when the MTP is ordered. Multiple units and products can be ordered using one label. Choose “reprint” option or reorder MTP for additional labels.

- The Blood Transfusion Lab (BTL) will crossmatch and have 4 units of red cells, 4 units of plasma and 1 platelet pool available UNTIL MTP has been cancelled (autostops if unused for 4 hours). It is not necessary to call the Blood Transfusion lab for red cells, plasma or platelets, just send the runner.

- Red cell to plasma matching (1:1) is the goal to prevent depletion of clotting factors. Use blood products to treat hemorrhagic shock. Crystalloids will dilute existing clotting factors.

- Only red cells should be placed in a cooler, all other products must be kept at room temperature.

- Frozen plasma required 30 minutes to thaw (LHSC does not have a microwave for rapid thawing).

- Use standard blood filter or rapid infuser for all products except Beriplex/Octaplex (prefiltered).

- Only use normal saline with blood products (ringers and dextrose can cause coagulation).

- BTL must be called for any product other than red cells, plasma and platelets (such as cryoprecipitate or Octaplex/Beriplex).

- All blood products contain citrate anticoagulant. During massive transfusion of any blood products, hypocalcemia can occur due to excessive administration of citrate and/or impaired hepatic clearance. Consider calcium administration if patient has hypotension that is not fluid responsive or is bradycardic. Monitor ionized calcium on GEM.

- MTP is activated, the hematology lab will phone abnormal CBC and INR/aPTT results prior to repeat confirmation. A low or unmeasurable INR/aPTT during MTP suggests a critically low fibrinogen level (indication for cryoprecipitate).

- Hypothermia can contribute to coagulopathy and a sudden rise in temperature may indicate a blood transfusion reaction.

**Other Products Reminders**

**Platelets**

- Platelets must be hung with a NEW blood filter each time (platelets will get stuck in a previously used filter).

- Platelets should be kept at room temperature.

- Do not administer through a rapid infusor.

BM: Revised: August 2, 2018
Cryoprecipitate (Fibrinogen Replacement)

- Cryoprecipitate is the most common product for correcting low fibrinogen. It requires 30 minutes to thaw. Order by phone or online STAT; once thawed, use one of preprinted labels for pickup.

- In massive hemorrhage, consider cryoprecipitate early (especially if behind in plasma or obstetrical hemorrhage). Request early in peripartal hemorrhage.

- Obtain a STAT fibrinogen level with admission labs and during MTP. A delay or inability to report INR or PTT may indicate that fibrinogen level is low.

Prothrombin Complex Concentrate

- Octaplex/Beriplex are prothrombin complex concentrates. They contain vitamin K dependent clotting factors and are indicated for urgent warfarin reversal. They also contain heparin (contraindicated in HITT). Administer with standard IV tubing (blood tubing or filter not required, products are filtered in BTL when pooling product).

- Octaplex is clear with slight blue tinge. Beriplex is clear with slight opalescent hue.

- Octaplex/Beriplex is filtered and pooled into one transfer bag, based on weight based dosing requirements.

Tranexamic Acid

- Tranexamic acid is now ward stock in CCTC (pharmacy product).

Factor VII

- Recombinant Factor VIIa (Niastase) comes from Blood Transfusion Lab (BTL) and no longer requires haematology approval.

- In urgent situations, BTL will issue Factor VIIa before completion of the mandatory request form (included in this package; complete if possible). Consider before ordering:

  1. Have all surgical options (anatomical bleeding) been explored?
  2. Is INR < 1.5, PTT < 55 sec, Fibrinogen > 1.0 g/L and Platelets > 50?
  3. Is acidosis and/or hypothermia corrected?

Desmopressin (DDAVP)

- DDAVP may be ordered (most commonly in cardiac surgical bleeding).
- DDAVP stimulates Vasopressin 2 (V2) receptors which stimulated the release of Von Willebrand Factor (VWF).
- VWF promotes platelet adhesion to the endothelium
- VWF is a carrier protein for Factor VIII. The increase in VWF prevents the inactivation of Factor VIII (therefore protecting Factor VIII levels in the blood).
- Dose of 0.3 ug/kg (~20 ug) can be given IV over 30 minutes
MASSIVE TRANSFUSION PROTOCOL (MTP) - LHSC

This resource has been created specifically for LHSC/St Joseph’s (London, ON) and may not be applicable for other centres. These documents are the intellectual property of LHSC/St Joseph’s. They are not to be shared or duplicated without permission.

Severe / uncontrolled bleeding situation

Clinician (MD or designate) orders MTP

- LABS
  - draw baseline
  - CBC
  - INR / PTT / fibrinogen
- Check for in date Blood Transfusion Lab sample, if needed order and draw
- Group and Screen / Blood Transfusion Lab Confirmation Test
- Assign Dedicated Runner to pick up blood products for duration of MTP

Blood Transfusion Lab (BTL) will ensure the following are always ready for issuing:
- 4 units Packed Red Blood Cells (PRBC)
- 4 units Plasma
- 1 dose platelets

MTP ordered in EMERGENCY DEPARTMENT
Blood Products Issued as Trauma Packs
(4 units PRBC, 4 units plasma, 1 dose platelets)
(Indicate on label: Next Trauma Pack)
8 labels print

MTP ordered in OTHER SERVICES
Blood Products issued as requested by Clinician
(Indicate on label: specific product and number of units)
8 labels print

Runner takes label to BTL, products issued

Bleeding settled, call BTL to stop MTP

CONSIDER:

LABS at onset and q 6-8 Units PRBC:
- CBC (lavender tube)
- INR / PTT / fibrinogen (blue tube)
- Blood gases, Calcium

TRAUMA patient: Tranexamic acid (Cyclokapron)
1 g IV over 10 minutes

If patient on ANTICOAGULANTS
- Warfarin (Coumadin) reversal: Prothrombin Complex Concentrates (PCC): weight based dose, available from BTL
- Dabigatran (Pradaxa) reversal: Idarucizumab (Praxbind); available from Pharmacy

For reversal of other Direct Oral Anticoagulants (DOAC) suggest Hematology consult

CRYOPRECIPITATE (CRYO) (1 dose = 10 units)
1 dose cryo ~ 0.5 g/l fibrinogen increment
If fibrinogen = / < 1.0 g/l or rapidly decreasing ** give cryo

**Obstetric or Cardiac Surgery bleeding: consider cryo earlier

CELL SALVAGE: to request have Switchboard page Perfusion on call

1. Uncrossmatched (O or Group Specific) or Crossmatched PRBC
2. First dose platelets begins with 2nd Trauma Pack
3. MTP will auto-stop if no products are issued in a 4 hour period.
This Computer is Reserved for Massive Transfusion Pathway
Massive Transfusion Pathway (MTP) Tracking Form
(use of at discretion of Clinician ordering MTP)

SECTION I: Identification

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<thead>
<tr>
<th>Date/Time pathway activated:</th>
<th>Patient ID: (Name and PIN)</th>
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SECTION II: Documentation

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<th>TP # 7</th>
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Request for Niastase (rFVIIa)

NIASTASE (rFVIIa) is only licensed for Hemophilia A and B patients with inhibitors or patients with acquired FVIII inhibitors, for the treatment of spontaneous bleeding events or prior to invasive procedures.

ALL other indications are OFF-LABEL.

NOTE: Thrombotic risk is associated with the use of rFVIIa off-label.

<table>
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<tr>
<th>Patient Weight</th>
<th>rFVIIa dosage guideline</th>
<th>Vials required for dose</th>
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<tbody>
<tr>
<td>&lt; or = 40 kg</td>
<td>2 mg</td>
<td>1 X 2 mg vial</td>
</tr>
<tr>
<td>41 to 60 kg</td>
<td>3 mg</td>
<td>1 X 2 mg and 1 X 1 mg vial</td>
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<tr>
<td>61 to 80 kg</td>
<td>4 mg</td>
<td>2 X 2 mg vial</td>
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<tr>
<td>&gt; 80 kg</td>
<td>5 mg</td>
<td>1 X 5 mg vial</td>
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Pre-rFVIIa Check List (Consider the following)

✓ All surgical options (anatomical bleeding) have been explored
✓ INR is less than 1.5
✓ PTT is less than 55 seconds
✓ Fibrinogen is greater than 1.0 g/L
✓ Platelet count is greater than 50 X 10^9/L
✓ Acidosis is corrected
✓ Hypothermia is corrected

I understand the risks associated with the use of rFVIIa and consider that this off-label use is appropriate in this situation.

Physician’s Name (please print) _______________________

Date: ___________________

You will be receiving a post-infusion questionnaire by email.
Thank-you for completing both the pre and post documentation.

Sincerely,
City-Wide Blood Transfusion Committee, Sub-committee of the MAC