BLOOD BANK:
Massive Transfusion Protocol (MTP)

In order to provide safe obstetric care, institutions MUST:

- Have a minimum of 4 units of O-negative PRBCs
- Have the ability to obtain 6 units PRBCs & 4 units FFP (compatible or type specific) for a bleeding patient
- Have a mechanism in place to obtain platelets & additional products in a timely fashion

Blood transfusion or crossmatching should not be used as a negative quality marker & is warranted for certain obstetric events.

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1 Patient currently bleeding & at risk for uncontrollable bleeding

A Activate MTP - call **(ADD NUMBER)** & say "activate massive transfusion protocol"

B Nursing/anesthesia draw stat labs
- type & crossmatch
- hemoglobin & platelet count, PT (INR)/ PTT, fibrinogen, & ABG (as needed)

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2 Immediate need for transfusion (type & crossmatch not yet available)

A Give 2-4 units O-negative PRBCs

B **"OB EMERGENCY RELEASE"**

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3 Anticipate ongoing massive blood needs

A Obtain massive transfusion pack
- Consider using coolers

B Administer as needed in a 6:4:1 ratio
- 6 units PRBCs
- 4 units FFP
- 1 apheresis pack of platelets

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4 Initial lab results

A Normal › anticipate ongoing bleeding › repeat massive transfusion pack › bleeding controlled › deactivate MTP

B Abnormal › repeat massive transfusion pack › repeat labs › consider cryoprecipitate and consultation for alternative coagulation agents (Prothrombin Complex Concentrate [PCC], recombinant Factor VIIa, tranexamic acid)

IMPORTANT PROTOCOL ITEMS TO BE DETERMINED AT EACH INSTITUTION:

- How to activate MTP:

  _____

- Blood bank # & location; notify ASAP:

  I will call: _____

- Emergency release protocol that both blood bank staff & ordering parties (MD/RN/CNM) understand:

  _____

- How will blood be brought to L&D?

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- How will additional blood products/platelets be obtained?

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- Mechanism for obtaining serial labs, such as with each transfusion pack, to ensure transfusion targets achieved:

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