

Paediatric Massive Transfusion Protocol (PaedMTP) Checklist

1

Medical decision to initiate MTP



**Initiate
and Prepare
Forms**

Call 777: State “This is an MTP, my location is ...”

- 1. Complete a **QMR022A form**, write **EMERGENCY BLOOD Guide: 1-2 Units for Children**
- 2. Write **MTP BOX 1** on a **second QMR022A form** AND on a **QMR022B form**
- 3. Sign the ‘Requested by’ boxes on ALL 3 FORMS

**Fax forms to
Blood Bank**

Fax ALL 3 FORMS to Blood Bank (pre-programmed or 80159)

- Orderly will go directly to Blood Bank
- Orderly will bring back blood/MTP box



**Activate
MTP**

Call Blood Bank on 80310, State “I am activating the MTP”

- Confirm your location and contact number
- Identify yourself, AND the name and designation of the Clinical Team Leader initiator
- Identify patient: Full name, NHI and Alpha, Bravo or Charlie
- Clarify what blood and or components required
- Name of the guardian of the blood (Notify Blood Bank of any change)
- Provide brief patient diagnosis, relevant information e.g. anticoagulant

**Emergency
Blood &
Group & Screen**

Clarify with Blood Bank

- Is there a valid group and screen?
- If not, send a new sample
- Blood Bank can supply emergency blood or group specific blood while the sample is being tested

**MTP Ceased?
Notify Blood Bank
on 80310**

**Received too many blood components?
Send the most recently received blood components
back to Blood Bank**

Return to controlled storage within 30 minutes of issue to minimise wastage

Clinical Team Leader Responsibilities

- Initiate (777) and prepare QMR022A/B forms
- Fax forms to Blood Bank (80159) or pre-programmed
- Activate MTP (80310)
- Cease MTP (80310)

Blood Bank Responsibilities

- Ensure X-match sample is processed ASAP after O neg release
- Call NZBS TMS after issuing MTP Box One
- Thaw next box in advance and await request
- Ensure supply of platelets. If no neonatal platelets for Alpha, contact TMS
- BRAVO Box 3: label platelets 'Give 150ml only'
- Provide the freshest red cells possible (less than 14 days)

Contacts

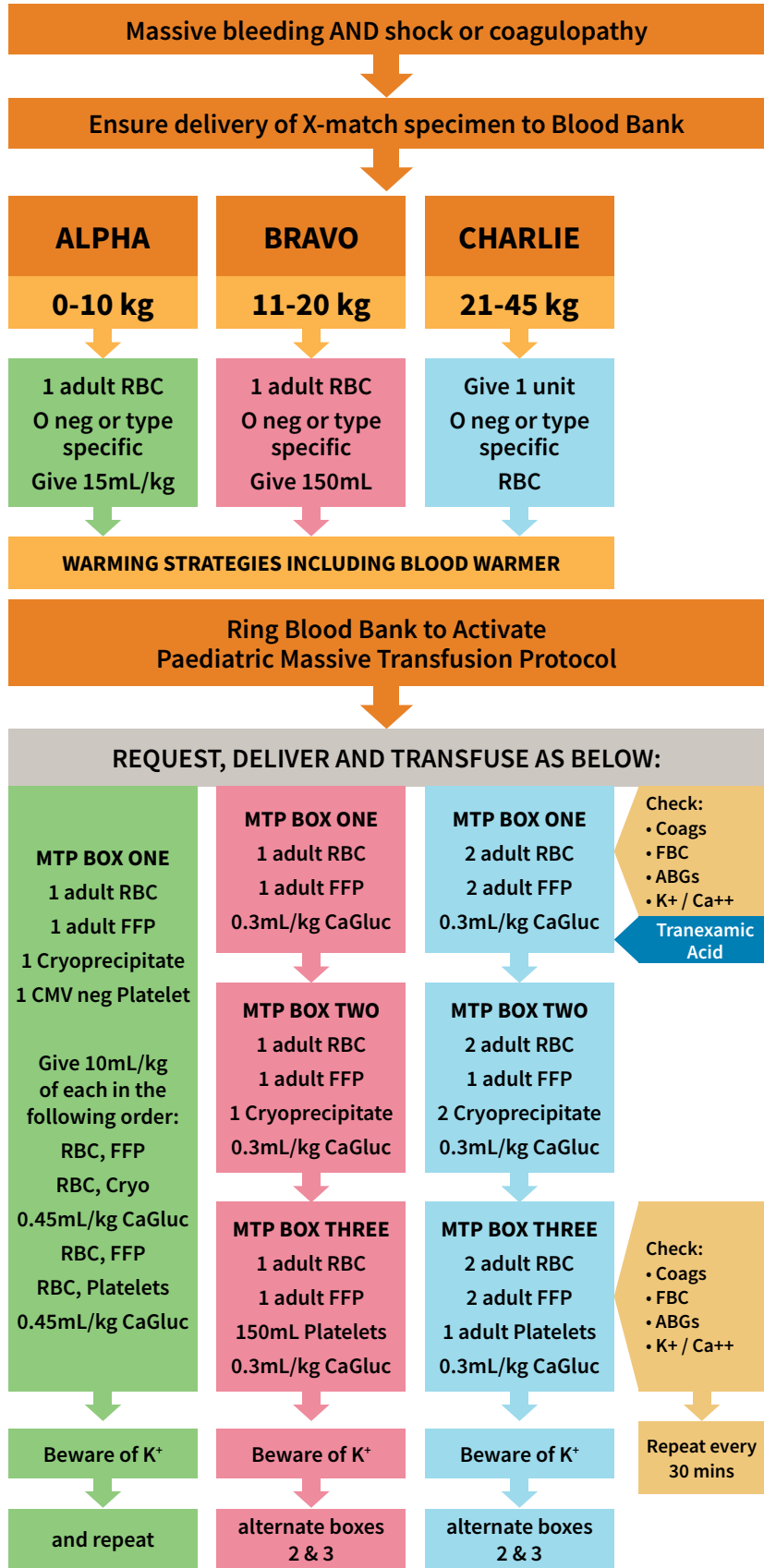
- Blood Bank – Ext 80310, fax 80159
- Coagulation Lab – Ext 80374
- Transfusion Medicine Specialist details available from Blood Bank ext. 80310

Calcium

- If only Calcium Chloride (CaCl) is available give a third of the calcium gluconate (CaGlu) dose
- DO NOT give calcium in same the IV line at the same time as blood components

Additional Treatment Thresholds

- Ongoing haemorrhage after Box 3 – if PR > 1.5 or APTT > 40 consider additional 20mL/kg FFP
- If fibrinogen < 1g/L consider additional 5mL/kg Cryoprecipitate
- If platelets < 75 x10⁹/L consider additional 10mL/kg platelets
- If ionized Ca⁺⁺ < 1mmol/L give 0.3mL/kg CaGlu
- See Royal Children's Hospital Hyperkalaemia Guideline: www.rch.org.au/clinicalguide/guideline_index/Hyperkalaemia/



Tranexamic Acid (TXA)

- Loading dose: 15mg/kg (max 1g)
- Consider maintenance infusion: 5mg/kg/hour

Typical component volumes

- Red cells adult: 300
- FFP adult: 245
- Platelets adult: 270
- Cryoprecipitate: 100mL