

Paediatric Massive Transfusion Protocol (PaedMTP) Checklist

Canterbury
District Health Board
Te Pōari Hauora o Waitaha

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Medical decision to initiate MTP



Initiate MTP & prepare forms

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

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

Scan forms to Blood Bank

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

- Orderly or Operating Theatre Assistant (OTA) will go directly to Blood Bank
- Orderly or OTA will deliver blood/MTP box,
then return to Blood Bank for next box



Activate MTP

Call Blood Bank (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 and NHI
- Clarify what blood and or components required
(Alpha, Bravo, Charlie)
- Name of the Guardian of the blood (Notify Blood Bank of any change)
- Provide brief patient diagnosis, relevant information
e.g. anticoagulant

Pre-transfusion blood sample (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/Guardian Responsibilities

- ◆ **Initiate** (call 777)
- ◆ **Prepare** QMR022A/B forms
- ◆ **Scan** forms to Blood Bank (80159 or pre-programmed tab)
- ◆ **Activate** the MTP (call 80310)
- ◆ **Cease** the MTP (call 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

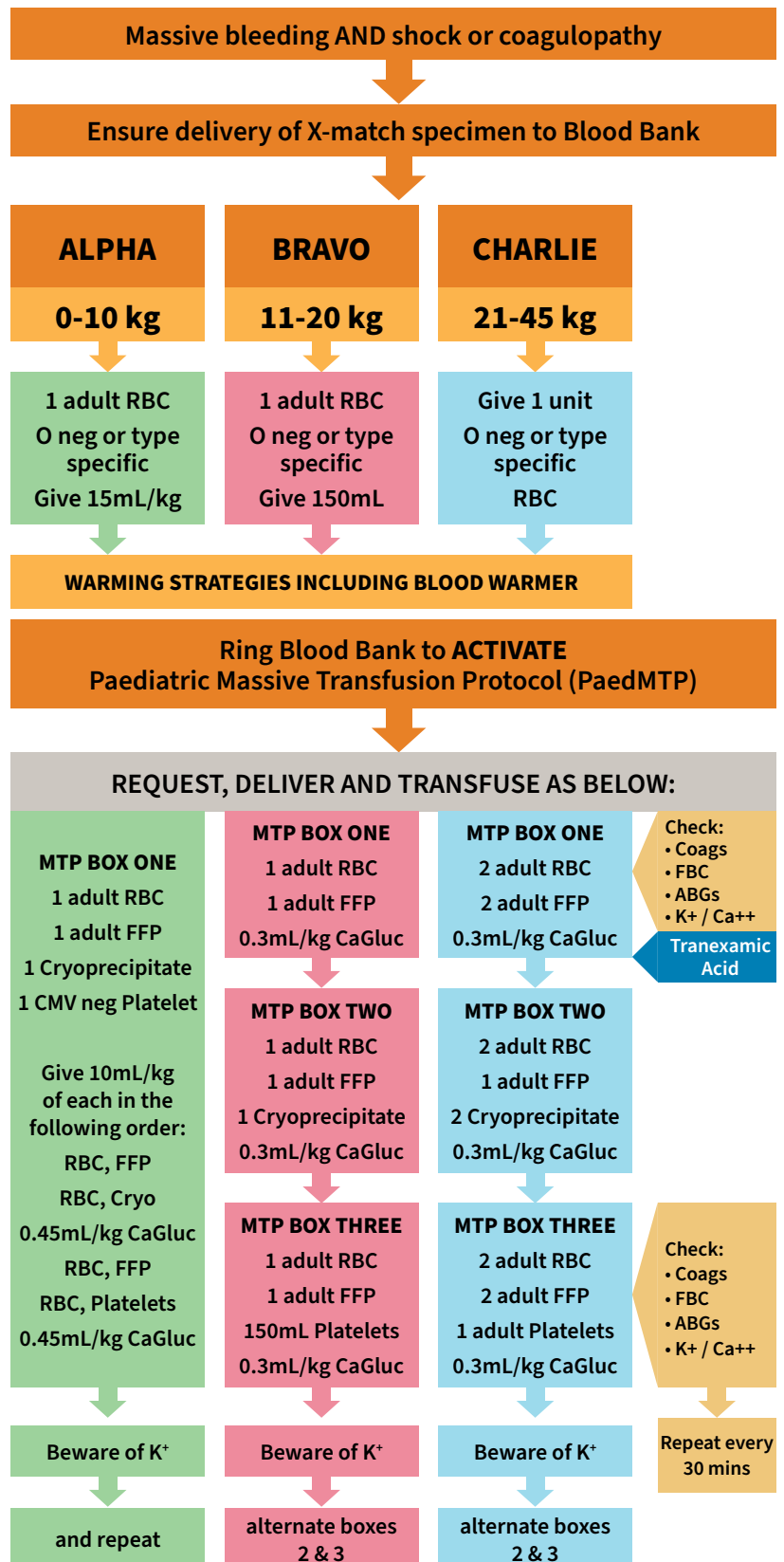
- ◆ Blood Bank – ext. 80310
- ◆ Theatre OTA (0700-2300 hrs) – 021 354378
- ◆ Coagulation Lab – ext. 80374
- ◆ Transfusion Medicine Specialist (TMS) via Blood Bank

Calcium

- ◆ If only Calcium Chloride (CaCl) is available give a third of the calcium gluconate (CaGlu) dose
- ◆ DO NOT give calcium in the same 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 mLs
- ◆ FFP adult: 245 mLs
- ◆ Platelets adult: 270 mLs
- ◆ Cryoprecipitate: 100mLs