Patients with massive bleeding require resuscitation with appropriate blood components. At SUNY Upstate, we have a Massive Transfusion Protocol to ensure that these patients receive the right components in a standardized process. This process has been established at our Downtown Campus for over 6 years and the same process has now been established at our Community Campus. The educational PowerPoint presentation is attached.

Thank you.

Amy Tucker, MD, MHCM Chief Medical Officer Associate Dean for Clinical Affairs, College of Medicine Vice President, Ambulatory Services & Population Health

Massive Transfusion Protocol

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Introduction

- This presentation is intended to instruct care providers on the basic principles of the Massive Transfusion Protocol (MTP)
- These tenets are based on current literature as well as the lessons learned at Upstate University Hospital since instituting the MTP
- Topics to be covered will include basic definitions, medical indications, proper initiation, administration, documentation, and termination of the MTP

MTP – Definition

The MTP is a protocol designed to provide blood products in the correct ratio to replace whole blood in a patient who is undergoing massive blood loss



The purpose of this protocol is to provide optimal patient care with a minimum of confusion or delay







- MTP should be thought of similar to a resuscitation code order
- Both initiate a whole series of orders and treatments
- Both involve mobilization of a team of providers
- Both are potentially life-saving in patients who need them
- Both are unnecessary for the majority of patients

Massive Transfusion Protocol

- Used to provide transfusion of blood components during major hemorrhage to maintain hemostasis
- A formula-driven model
 - Reconstitute whole blood from blood components in the patient
 - Whole blood is ~ 5:5:1 (RBC:plasma:platelet units)
 - For MTP resuscitation, we supply blood products in approximately a 6:6:1 ratio
 - Best patient outcomes are seen with resuscitation using between 1:1 and 2:1 RBC:plasma ratio

When to use MTP

Numerous definitions in literature/guidelines of "massive bleeding"

- Transfusion of ≥10 u RBC in 24 hrs
- Transfusion of half of blood volume in 3 hours
- On-going blood loss 150 mL/min

Anytime bleeding is on-going and brisk such that:

- There is a high risk of rapid morbidity/mortality
- Blood products are required to be transfused at such a rapid rate that testing-directed transfusions and cross-matching are precluded

Why: Dilutional Coagulopathy

- Patient with on-going, brisk bleeding
- Replacing whole blood with transfusion of only RBC and crystalloid/colloid
- Dilution of platelets and coagulation factors
- On-going consumption of platelets and coag factors due to on-going bleeding
- Resulting microvascular bleeding (oozing)
- Playing "catch-up" harder than staying ahead
- Patients have improved short-term and longterm outcomes if dilution is avoided

Who is Involved: MTP Participants

- The MTP requires participation by numerous groups including Physicians, Nurses, Lab Technologists, and Support Staff
- Physicians and Nurses identification of patient requiring MTP, placing of order into Epic, communication with Blood Bank via phone, collection of blood type specimen, administration of blood products and medications, documentation of MTP details in Epic
- Lab Technologists prepare blood components, pack coolers with proper ratios, perform blood typing testing and initial compatibility testing, order additional products from ARC to maintain sufficient inventory
- Support Staff Transport coolers of blood components, blood specimens

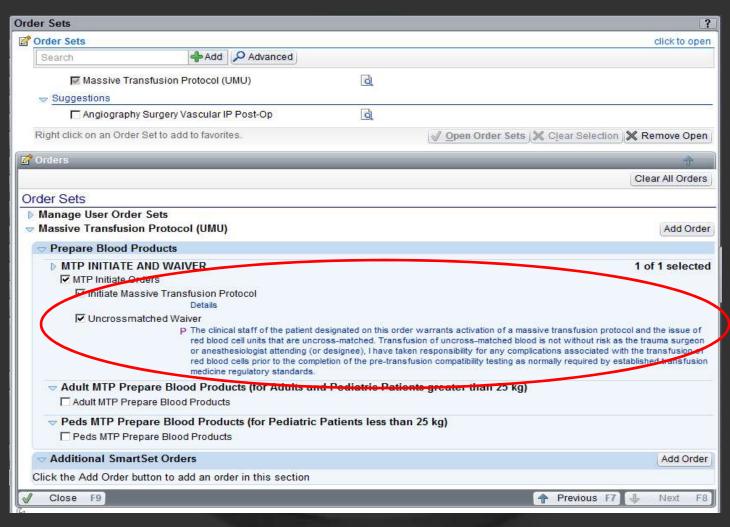
How to Initiate an MTP

Initiation

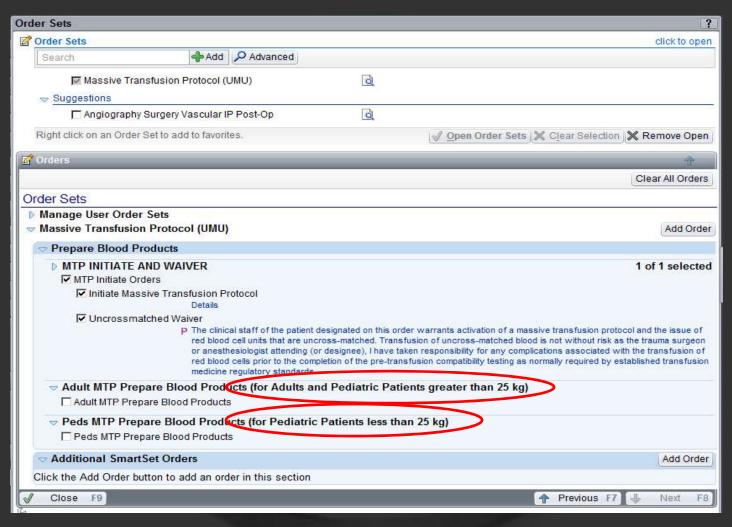
- Patient requiring MTP identified
- MTP order entered in Epic



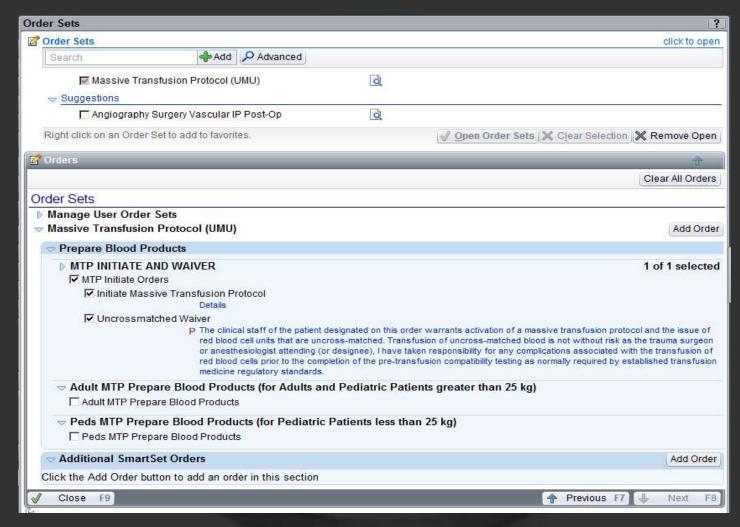
- Search for "MTP" in the search box
- Any providers able to sign orders in Epic are able to enter and sign the MTP orders
- Nurses are able to enter the orders as long as an authorized provider is identified (similar to entry of a "verbal" order)



The MTP order set includes the MTP initiation order and uncrossmatched waiver



➤ Adult and larger pediatric patients (> 25kg) will have larger amounts of blood sent



MTP order allows documentation of the blood products administered

How to Initiate an MTP

Initiation

- Patient requiring MTP identified
- MTP order entered in Epic
- A single MTP communicator is identified for coordination with the Blood Bank
- ■The communicator calls the Blood Bank with the patient identification (name, MRN, location, age, sex, authorizing attending physician)

Epic does NOT alert the Blood Bank that an MTP order has been placed! A phone call must be made to alert the Blood Bank staff to the need for blood products!

Downtown

- Blood products are provided in coolers with measured amounts of wet ice
- ■1st cooler: 4u RBC, 4u plasma
 - Available almost immediately (<15 minutes)
- ■2nd + coolers: 6u RBC, 6u plasma, 1u of apheresis platelets
 - Each available at 30-40 minute intervals
- Each cooler's contents should be transfused before starting the next cooler's contents

Community

- Blood products are provided in coolers with frozen freezer packs
- 1st cooler: 4u RBC
 - Available almost immediately (<15 minutes)
- 2nd cooler: 2u RBC, 4u plasma, 1u of apheresis platelets (platelet units are included when they arrive from Downtown or from Red Cross)
 - Available after 30 minutes
- ■3rd + coolers: 3u RBC, 3u plasma, 1u of apheresis platelets ever other cooler
 - Each available at 30-40 minute intervals
- Each cooler's contents should be transfused before starting the next cooler's contents

- Transfuse blood products to replace blood loss and maintain hemodynamic stability
- Give calcium gluconate (1g) with each cooler to prevent hypocalcemia due to the citrate in the blood products
- Consider supplementation with cryoprecipitate to replace fibrinogen if there is DIC or extensive tissue trauma
- Consider Factor VIIa, Tranexamic acid

- If additional products are needed, the MTP communicator must let the Blood Bank know of specific needs
 - (E.g. additional platelet units early on if the patient was on Plavix)
- If patient moves during the MTP:
 - The MTP communicator must inform the Blood Bank of new location AND
 - All blood products and coolers from present location must be transported with patient to the new location

How to Terminate an MTP

- When the patient no longer requires blood products at a rate requiring the MTP, the Blood Bank should be notified
- If a cooler is not picked up within an hour after the last cooler left the Blood Bank, the MTP is assumed to be canceled
- After termination, any untransfused blood products should be returned to the Blood Bank (RBC and plasma in the cooler with ice/cold packs, platelets and cryoprecipitate at room temperature)
- Documentation of MTP transfusions, infusions, interventions, and outcomes in Epic

Special Notes

- Uncrossmatched, type-specific, or O- blood products can be ordered separately without ordering MTP
- A blood sample is required as early as possible in order to provide type-specific blood products and conserve limited blood supplies
- Although MTP should only be initiated when a patient requires massive whole blood resuscitation, notification of the Blood Bank of patients potentially requiring MTP may assist with response time if an MTP is ordered

Special Notes

- After the MTP is stopped, additional products can be ordered without re-initiation of MTP
- There is a Quality Control review of all MTP utilizations
- Other institutions may have a different protocol with the same designation, with different proportions and volumes of blood products, different ordering processes, and different blood product delivery protocols.

Questions?

Please contact the Blood Bank 464-6701 (downtown) or 492-5287 (community) and ask for the on-call transfusion medicine attending physician

