

Title: Pediatric Massive Transfusion Protocol Flowchart	Effective Date:
Applicability: UNM University Hospital Pediatric Patients	Document Owner: Dr. J. Griggs, Transfusion Medicine
Related Documents: Pediatric Massive Transfusion Protocol (MTP) Procedure and Information	

Pediatric Massive Transfusion Protocol

BLOOD BANK Notification:
333 (in-house phone)
272-3333
925-3333
272-2591

ACTIVATE PEDIATRIC MTP
1. **Order, Initiate, and Sign** Pediatric MTP PowerPlan
2. **Notify Blood Bank** with the following:
- Patient Name, MRN, and Location
- Estimated Weight
- Attending Physician
- Point of Contact Name and Contact Number

INITIAL LABS INCLUDED IN MTP PowerPlan:
Type and Screen
ABG
CMP
iCa
EHP (H/H, Plt, PT/INR, Fibrinogen)
(1 lavender and 1 light blue tube)

BLOOD BANK PREPARES MTP PRODUCTS BY PATIENT WEIGHT		
<u><20 kg</u>	<u>20-50 kg</u>	<u>>50 kg</u>
2 RBC units 2 plasma units	4 RBC units 4 plasma units	6 RBC units 6 plasma units
-Every other MTP round includes 1 apheresis platelet unit (a "6 pack" of platelets) -Transfusions < 1 unit: may draw multiple transfusions from 1 unit with sterile syringe/technique		

RETURN UNUSED PRODUCTS TO BLOOD BANK
- Return cooler/Refrigerator on Wheels (ROW) to blood bank with all unused products.
Do NOT put platelets or cryo in coolers or ROW

TRANSFUSE PRODUCTS
- Consider **TXA**: 15 mg/kg bolus over 10 min, then 2 mg/kg/hr over 8 hrs (max 1gm each time)
-15 mL/kg each **RBCs:Plasma:Platelets** (1:1:1 ratio)
- **Reassess ongoing need for MTP products**

RETRIEVE ROUND FROM BLOOD BANK
Next round prepared when clinical team picks up prepared products
*Clinical team **must** pick up products from blood bank*

IMPORTANT TO REMEMBER:
*Cryo is not included in the Pediatric MTP order set - order separately based on lab results.
*Notify the Blood Bank for **ALL** changes to patient location or Contact Person (272-2591).
*Do not put platelets or cryo in the coolers or ROW.
*EHP specimens must be **HAND DELIVERED** to lab

PROTOCOL DISCONTINUED
Discontinued by clinical team
Notify Blood Bank of discontinuation

REPEAT LABS:
Every 30 minutes during MTP:
EHP (H&H, Plt, PT/INR, Fibrinogen)
As clinically indicated: ABG, iCa, Chem7

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Actively Bleeding Patient

Suggested Indications to activate MTP:

Already transfused \geq
40 mL/kg RBCs

Continued significant bleeding in
the presence of:

- INR > 1.9
- Fibrinogen <160 mg/dL
- Thrombocytopenia with:
 - < 50,000 without intracranial/intraocular
hemorrhage
 - < 100,000 with intracranial/intraocular
hemorrhage

Large blood loss and
symptomatic
hemorrhagic shock

**Ultimately- The decision to activate the MTP is up to the clinical
judgement of treating physician**