**Emergency Department (ED): Adult Trauma Massive Transfusion Protocol (MTP)**

**MTP required**

**“Give the yellow stuff first” (Plasma & PLT)**

**YES**

Administer PRBC, Plasma, and Platelet per MTP ratio

**BLOOD BANK (BB)**

* Plasma x6 will always be available in BB

**BB RUNNER**

* 2 Units O negative Emergency Release Blood + 2 Units of Plasma
* 2 Units O positive whole blood

**Igloo Criteria**

**\***Remain shut

**\***Remove blood products only when planning to transfuse

**\***Do not return blood product to igloo

**\***If blood product removed but not transfused return to blood bank within 30 min.

**PRBC:** Packed Red Blood Cells

**PLT**: Platelets

**CRYO:** Cryoprecipitate

**Ca2+:** Calcium

**TXA:** Tranexamic Acid

Gm: Gram

**TRAUMA CAPTAIN**

* Contact BB to activate MTP

**PHLEBOTOMIST**

* Send signed, timed and dated blood draw tube to BB

**BLOOD BANK**

* **PRBC** x4, **Plasma** x4 & **PLT** x1 will be sent to complete the initial MTP set
* Set up additional **PRBC** x6, **Plasma** x6**, PLT** x1

each time a round of MTP is released

* 2 pooled units of **CRYO** will be released for every

other round of the MTP set

**TRAUMA CAPTAIN**

* Ongoing patient evaluation to monitor MTP
* Remember to give Ca2+ with every MTP round
* Give TXA if within 3 hours of injury

1gm IV over 10min, followed by 1gm IV over 8 hours

Initial transfusion

O positive whole blood x2

**Initial transfusion**

O negative PRBC x2 and Plasma x2

**Male patients > 18 or Female patients > 55**

**NO**

**Whole Blood Criteria for ED Trauma Patients Only**

 **\***Male patients > 18

**\***Female patients >55

Patients identified by trauma or emergency attending (trauma captain) using MTP Triggers criteria or other high clinical suspicion – example, pelvic fracture or amputation with hemodynamic instability

**TRAUMA CAPTAIN**

Contact BB to stand down

**END**

**High Risk for Major Hemorrhage**

**NO**

**YES**

**NO**

**YES**

**Require MTP**