

DATE:	3 October 2023
TO:	Provincial – Acute Care sites, Physicians and Nurse Practitioners
FROM:	Alberta Precision Labs (APL) Transfusion Medicine (TM)
RE:	Changes to Massive Hemorrhage Protocol

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- The provincial Massive Hemorrhage Protocol (MHP) is being standardized from a transfusion medicine perspective and will be rolled out in a staggered approach across zones.

Background

- To accommodate changes to blood components, incorporate recommendations from quality assurance and patient safety reviews, incorporate evidence from quality improvement projects, to align with national practices and to incorporate Connect Care changes, the MHP will be standardized for the centres capable of providing support for exsanguinating patients. Smaller facilities should continue to expediate transfer of patients to centres with higher blood inventory and capacity to support as soon as possible.
- The non-transfusion elements of the Massive Hemorrhage Protocols did not have the same degree of variability, so have not had significant changes.

How this will impact you

- Prearrival MHP activation requests will not be considered valid but up to two units of red cells will be provided if required. MHP activation requires patients to be on site, registered (alias or real identity), and assessed.
- The clinical team designate will need to call to the Transfusion Medicine **laboratory** with patient demographics (including weight if less than 25 kg and gender), etiology of hemorrhage (trauma vs. obstetrical vs. GI vs. surgical), patient location, and name of activating physician
- Clinical team should also call the TM **physician**:
 - To modify the content of the initial MHP kit/pack/box
 - For advice required on special patient circumstances (e.g. antibodies, anticoagulants, antiplatelet agents)
 - If neither of the above have occurred, then a phone consult to TM physician by a member of the clinical team is necessary before a second kit is required in addition to the clinical designate notifying the TM laboratory.
- In Connect Care, there is a single MHP order for laboratory tests that populate with recurring frequencies as per the protocol. The designation of MHP on each of the Hb, Platelet, INR and Fibrinogen orders in this orderable facilitates faster processing and reporting.
- Blood components will be provided in validated storage containers that will be referred to as kits.
- The attached modified provincial protocol includes:



- New kit contents which are based on two weight categories.
- Targets to consider for Hb, Platelet, INR and Fibrinogen.
- To accommodate thaw time, plasma for Kit #1 may be sent separately from red cells and fibrinogen.
- Return unused products and transport containers to the TM laboratory **as soon as possible**.

Action Required

- Please review the resources: [Massive Hemorrhage Protocol \(MHP\) | Alberta Health Services](#)
 - *Massive Hemorrhage Protocol*
 - *Managing a Hemorrhaging Patient Protocol – Rural and Suburban Sites*

Effective

- Wednesday, October 25, 2023: Grande Prairie Regional Hospital, Calgary zone and Edmonton zone sites
- Monday, January 15, 2024: Northern Lights Regional Hospital, Red Deer Regional Hospital, and South zone sites

Questions/Concerns

- Dr. Ghazala Radwi Ghazala.radwi@albertaprecisionlabs.ca
- Dr. Bryan Tordon Bryan.Tordon@albertaprecisionlabs.ca
- Dr. Susan Nahirniak Susan.Nahirniak@albertaprecisionlabs.ca
- Transfusion Safety Office apl.tsoteam@aplabs.ca

Approved by

- Dr. Susan Nahirniak, Medical Director, APL Provincial Transfusion and Transplantation Medicine Program, Susan.Nahirniak@albertaprecisionlabs.ca

Effective September 1, 2023, APL has become the sole provider of all public lab services in Alberta. As a result, community lab services formally provided by DynaLIFE Medical Labs will become the responsibility of Alberta Precision Labs (APL). This change impacts all zones.