5 Minute Flashcards Card 14: Intraoperative Major Haemorrhage



How is Major Haemorrhage Defined?



Who is able to declare a major haemorrhage, and how many phone calls do they need to make??

What is in Pack A, and how should it be given?
When should you use Pack B?



What needs to be done?

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Further reading: GHNHSFT Adult Major Haemorrhage Algorithm

Written by Daniel Yeomans, Marshal Sangster and Donna Davis

Card 14: Intraoperative Major Haemorrhage



- Active blood loss of >1500ml
- Haemorrhage of >150ml/min or
- Loss of half the circulating blood volume in 2 hours All above are challenging to apply acutely therefore any rapid bleeding which has a poor response to fluid resuscitation.



Any member of the theatre team. You need to make 2 phone calls:

- 2222, and state "There's blood everywhere" "Code Red Major Haemorrhage" and the location
- Then Blood Bank (GRH: 5244 CGH:4062).



Pack A contains 4 x RBCs.

Give though a rapid infuser, blood set & warmer.

Only request Pack B (which contains clotting factors) if ROTEM unavailable. Otherwise, be guided by ROTEM results.



- Ensure adequate or additional IV access
- Send blood for X-match, Coag, FBC, U+E, ROTEM & VBG
- Stop the bleeding (surgical haemostasis) and give blood
- Give Tranexamic acid (1g) unless contraindicated
- Give 10mls Ca²⁺ Gluconate before every 4th unit red cells
- Reverse anticoagulation
- Aim for normothermia (and definitely >35°C!)
- Consider cell salvage
- Consider early vascular/IR contact