

ED Massive Transfusion Protocol Orderset

Name:

MRN:

DOB:

Weight for Calc: _____ Kg

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Weight for Calc: _____ **Kg** **Height:** _____ **cm** **BSA:** _____ **m2**

NKA **Allergies:**

Prescribers: To order place check mark or X in first column. To remove pre-checked orders, place single line through orderable and include initials.

	Add On General Lab Test	Add-On Tests: Massive Transfusion Protocol: Reserve Coagulation Analyzer
	Vital Signs	
	Cardio Respiratory Monitoring	Continuous
	Vital Signs	Every 5-10 minutes and more frequently PRN
	Oxygen Saturation Continuous Monitoring	Continuous
	Oxygen Therapy	by Mask, Delivered at 2 liter or more., Instructions: Supplemental O2 by Mask or Nasal Canula
	Temperature	Consider blood warmer for temperature less than 36, Q30min
	Patient Care	
	Peripheral IV Insertion	At least Two large bore IV's, 1time
	Nasogastric Tube Insertion (NG Tube Insertion)	1time
	Nasogastric Tube Care (NG Tube Care)	1time
	Urinary Catheter Insertion, Indwelling (Foley Catheter Insertion, Indwelling)	
	Urinary Catheter Care (Foley Catheter Care)	
	Warming Blanket	Use if hypothermic. May substitute warming lights.
	Laboratory	
	Blood Gas, VENous (VBG)	Whole Blood Venous
	Electrolytes (Na, K, Cl), Whole Blood	Whole Blood, Q1hr for 3 dose, Stat, Requested on T;N
	WB Profile - IonCa, Na, K, CL, Glu (Whole Blood Profile (NA, K, Cl, Ionized Calcium, Glucose))	Whole Blood, Q1hr for 3 dose, Stat, Requested on T;N
	Lactic Acid, Whole Blood	Whole Blood, Q1hr for 3 dose, Stat, Requested on T;N
	Complete Blood Count	Blood, Q1hr, Stat, Requested on T;N
	Chemistry Panel (Na, K, Cl, CO2, BUN, Cr, Glu)	Blood, Stat, Requested on T;N
	Liver Function Tests (ALT, AST, AlkP, Alb, TP, Bili(T+D))	Blood, Stat, Requested on T;N
	***** COAGULATION *****	
	Prothrombin Time (includes INR) (PT (Prothrombin Time - includes INR))	Blood, Q1hr for 3 dose, Stat, Requested on T;N
	Partial Thromboplastin Time (PTT)	Blood, Q1hr for 3 dose, Stat, Requested on T;N
	Fibrinogen	Blood, Q1hr for 3 dose, Stat, Requested on T;N

RN Signature	
RN1: _____	Date/Time _____
RN2: _____	Date/Time _____

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See Coagulation Labs Orderset

Blood Bank: EMERGENCY RELEASE

Right click on the order below for Emergency Release Form for RBC units

Clinical Instructions

Only PRBC can be used with the rapid infuser. All other products should be administered by a different method

***** *If Patient's Weight is LESS THAN 5 Kgs* *****

Type and Crossmatch (Setup) Red Cells

Blood, 1 Units, for: Massive Transfusion Protocol, Stat

Transfuse Red Cells

1 Units, Total Infusion Time: Emergent, For: Acute Blood Loss

Transfuse Fresh Frozen Plasma

1 Units, Total Infusion Time: Emergent, For: Massive Bleeding

Transfuse Platelets

1 Units, Total Infusion Time: Emergent, For: Massive bleeding

***** *If Patient's Weight is 5 to 24.9 Kgs* *****

Type and Crossmatch (Setup) Red Cells

Blood, 2 Units, for: Massive Transfusion Protocol, Stat

Transfuse Red Cells

2 Units, Total Infusion Time: Emergent, For: Acute Blood Loss

Transfuse Fresh Frozen Plasma

2 Units, Total Infusion Time: Emergent, For: Massive Bleeding

Transfuse Platelets

2 Units, Total Infusion Time: Emergent, For: Massive bleeding

***** *If Patient's Weight is 25 to 49.9 Kgs* *****

Type and Crossmatch (Setup) Red Cells

Blood, 4 Units, for: Massive Transfusion Protocol, Stat

Transfuse Red Cells

4 Units, Total Infusion Time: Emergent, For: Acute Blood Loss

Transfuse Fresh Frozen Plasma

4 Units, Total Infusion Time: Emergent, For: Massive Bleeding

Transfuse Platelets

4 Units, Total Infusion Time: Emergent, For: Massive bleeding

***** *If Patient's Weight is GREATER THAN 50 Kgs* *****

Type and Crossmatch (Setup) Red Cells

Blood, 6 Units, Stat

Transfuse Red Cells

6 Units, Total Infusion Time: Emergent, For: Acute Blood Loss

Transfuse Fresh Frozen Plasma

6 Units, Total Infusion Time: Emergent, For: Massive Bleeding

Transfuse Platelets

6 Units, Total Infusion Time: Emergent, For: Massive bleeding

***** *Cryoprecipitate* *****

Transfuse Cryoprecipitate if...

If: Fibrinogen LESS than 100 or rapidly trending down

Transfuse Cryoprecipitate

1 Units, Total Infusion Time: Emergent, For: Fibrinogen < 100 g/dL

Medication:

For ionized Ca⁺⁺ < 1.14 mmol/L:

RN Signature

RN1:

Date/Time

RN2:

Date/Time

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	calcium gluconate (calcium GLUCONATE dose (PIV))	< 20 kg: IV 100 mg/kg, 1time, Dose Form = Injection Per Massive Transfusion protocol, iCa++ < 1.14 mmol/L
	calcium gluconate (calcium GLUCONATE dose (PIV))	>= 20 kg: IV 2,000 mg, 1time, Dose Form = Injection Per Massive Transfusion protocol, iCa++ < 1.14 mmol/L
	<i>If extremely low perfusion state AND CVL access available:</i>	
	calcium chloride (calcium CHLORIDE dose (CVL))	< 100 kg: IV 20 mg/kg, 1time, Dose Form = Injection Per Massive Transfusion protocol, iCa++ < 1.14 mmol/L
	calcium chloride (calcium CHLORIDE dose (CVL))	>= 100 kg: IV 2,000 mg, 1time, Dose Form = Injection Per Massive Transfusion protocol, iCa++ < 1.14 mmol/L
	Consults	
	Blood Bank Consult - by Page	Urgent, Pager 6260, If no response, call 5-6260
	Surgery Consult - ED by Page	Urgent, Pager 0749, If no response, call 5-3311
	<i>Note: GI Consult does not send automatic page</i>	
	Consult Physician Service made by Phone/Page	Gastroenterology
	Modified by: S. Manzi, PharmD; Modification Date: 03/03/2014	
	<i>Additional Orders</i>	

Legend

	Section Heading	
	<i>Informational Text</i>	
X	Orderable - pre-checked / required	Order Sentence
X	* Orderable - pre-checked. Strike through and initial to remove	Order Sentence
	Orderable - not pre-checked / not required	Order Sentence

Order Set Report: ED Massive Transfusion Protocol Orderset, Children's Hospital Boston, CHB_ORDSET_PDF_LC_NEW
Approved By: Andrew Capraro, ED; Approved On: 9-11-2013

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RN Signature			
RN1:	Date/Time	RN2:	Date/Time