



GUIDELINE

Critical Bleeding Protocol – Neonatal

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

Please see the next page for Critical Bleeding Protocol

Related policies, procedures and guidelines

[Blood and Blood Products: Administration](#)

[KEMH Transfusion Medicine Critical Bleeding Protocol](#)

This document can be made available in alternative formats on request.

Document Owner:	Neonatology		
Reviewer / Team:	Neonatology / Transfusion Medicine		
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Approved by:	Neonatal Coordinating Group	Date:	24 th May 2022
Endorsed by:	Neonatal Coordinating Group	Date:	
Standards Applicable:	NSQHS Standards: Child Safe Standards: 1,10		

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Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

Neonatal Critical Bleeding Protocol (CBP)



ACTIVATING CRITICAL BLEEDING PROTOCOL
 Activate when: Estimated blood loss is > 40ml/kg with shock or instability ± anticipated ongoing bleeding
 Major gastrointestinal or surgical bleeding
 Senior clinician activates CBP and notifies Transfusion Medicine Unit (TMU)



Take **2 x crossmatch** deliver to TMU **urgently**
 Also send ABG, Coags, FBP
 Send PCA to TMU to collect Critical Bleeding pack



IF BLOOD is required in <15 minutes, request O negative PRBC from TMU order 1 unit – O negative PRBC



CRITICAL BLEED PACK 1
 RBC give 20mL/kg
 Cryoprecipitate give 5mL/kg

CRITICAL BLEED PACK 2
 RBC give 20mL/kg
 FFP give 15mL/kg
 PLT give 10-15mL/kg



Alternate Packs 1 & 2
 Repeat Coags and ABG after each pack

Continue until bleeding controlled and hemodynamically stable
NOTIFY TMU TO STOP CBP

AIM

- Temp >36°C
- pH >7.2mmol/L
- Normocapnia
- BE above -6
- Lactate <4mmol/L
- Ca²⁺ >1.1mmol/L
 - use Ca Gluconate 10%, 0.5mL/kg
- Plt >50x10⁹/L
- PT/APTT < 1.5xnormal
- INR <1.5
- Fibrinogen >2g/L

Optimise

- Physical measures
- IV access
- Oxygenation
- Cardiac output
- Temperature
- Metabolic state

Consider

- Arterial line
- rFVIIa – discuss with Haematologist

Contacting Transfusion Medicine (TMU)

PCH: Vocera
 'Transfusion Medicine'
 0429 128 316
 6383 4015
KEMH: 6458 2748

Samples

- **Crossmatch** - Pink tube
 - HANDWRITTEN label
- Send x1 crossmatch sample
- Keep x1 sample in case of PTS failure

Pack / Unit volumes

PRBC = 60mL/unit
 CRYO = 35mL/pack
 PLT = 178mL/pack
 FFP = 70mL/pack

