

Applies to former Saskatoon Health Region area
Massive Hemorrhage Protocol (MHP) Team Contact Checklist

 Patient ID label here

TIME	ACTION	INITIALS
	MHP ACTIVATION	
	Team Contact Name	
	MHP Lead RN Name	
	MHP Porter Name	
	Call 3-2-1 to activate CODE TRANSFUSION , provide unit/ward location, phone number of location. Ask Switchboard for transfer to Transfusion Medicine Lab (TML)	
	Provide TML with <ul style="list-style-type: none"> <input type="checkbox"/> Patient name, HSN, sex, age; weight (if applicable) <input type="checkbox"/> Patient diagnosis <input type="checkbox"/> Care team location _____ <input type="checkbox"/> Contact phone # _____ <input type="checkbox"/> Lead physician _____ 	
	<input type="checkbox"/> Ensure identification band is affixed to patient	
	<input type="checkbox"/> Confirm Group, Screen & Crossmatch sent to TML	
	<input type="checkbox"/> Obtain baseline blood work	
	Tranexamic acid Confirm administration by clinical care team (Exception: More than 3 hours from injury/onset of hemorrhage, given pre-hospital arrival, or GI bleeding)	
	Hypothermia prevention Temperature monitoring to maintain patient temp above 36°C Use of blood warmer for infusions (except platelets); record temperature of blood warmer at least every 1 hour on the Transfusion Record	
	Anticoagulant or antiplatelet associated bleeding Confirm use of medications and management order by MRP	
	MHP Box Arrival and Transfusion Box 1 Arrival Time All Transfused? <input type="checkbox"/> Yes <input type="checkbox"/> No (returned) Box 2 Arrival Time All Transfused? <input type="checkbox"/> Yes <input type="checkbox"/> No (returned) Box 3 Arrival Time All Transfused? <input type="checkbox"/> Yes <input type="checkbox"/> No (returned)	
	Ensure bloodwork sent STAT every 30 minutes <ul style="list-style-type: none"> <input type="checkbox"/> CBC/INR/PTT/ Fibrinogen <input type="checkbox"/> ABG/Ionized Ca <input type="checkbox"/> Lytes/Urea/Creatinine/Magnesium 	
	Update TML at least every 30 minutes	
	Update TML of any change in <ul style="list-style-type: none"> <input type="checkbox"/> Patient location _____ <input type="checkbox"/> Contact phone # _____ <input type="checkbox"/> Team contact _____ <input type="checkbox"/> Physician lead _____ 	
	MHP DISCONTINUATION	
	<input type="checkbox"/> Call TML to terminate protocol <input type="checkbox"/> Measure and document patient temperature <input type="checkbox"/> Return any unused blood and coolers to lab ASAP <input type="checkbox"/> Complete handover SBAR tool with receiving team (see over)	

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HANDOVER SBAR TOOL FOR HANDOVER TO THE CRITICAL CARE TEAM

Patient ID label here

TIME: _____

S: SITUATION	HANDOVER NOTES
<input type="checkbox"/> Patient age, sex, weight <input type="checkbox"/> Context (trauma, surgery, other)	
B: BACKGROUND	
<input type="checkbox"/> TXA administration _____ grams	
<input type="checkbox"/> Total number of blood products _____ RBC _____ Plasma _____ Platelets _____ Fibrinogen Concentrate _____ IU PCC	
<input type="checkbox"/> Total (L) crystalloid and/or colloid and urine output _____ L non-blood product fluid	
<input type="checkbox"/> IV access and need for vasopressors	
<input type="checkbox"/> Complications (hypothermia, coagulopathy, acidosis or arrhythmias)	
A: ASSESSMENT	
<input type="checkbox"/> Hemodynamic status (stable or unstable, vitals and temperature)	
<input type="checkbox"/> Definitive hemorrhage control achieved? YES/NO	
<input type="checkbox"/> Critical labs (specify) and latest blood work results HB ____ PLT ____ INR ____ fibrinogen ____ lactate ____ Ca ____	
<input type="checkbox"/> Availability of blood products from TML at bedside	
R: RECOMMENDATION	
<input type="checkbox"/> Consider need for additional blood products since last set of labs	
<input type="checkbox"/> Consider need for further consultation, tests and drug re-dosing	

NAME OF INDIVIDUAL PROVIDING INFORMATION: _____

NAME OF INDIVIDUAL RECEIVING INFORMATION: _____

File completed form in patient chart.