

Clinical 'Team Contact' Role

One bedside individual assigned by the physician lead activating the MTP to communicate with the Transfusion Medicine Lab (TML) who:

- Notifies TML (#2179) of the MTP activation.
- Provides patient identification (name, HSN, sex, **WEIGHT**), care team location, contact phone #, and name of physician lead.
- Records TML technologist contact name and time of MTP activation.
- Confirms group, screen & crossmatch sent to TML.
- Ensures MTP Panel sent every 30 minutes.
- Updates TML at least every 30 minutes.
- Informs TML of any change in patient location, contact phone #, team contact individual, or physician lead.
- Calls TML as soon as the MTP is discontinued by the physician lead.
- Ensures coolers returned to TML ASAP.

Treatment considerations:

- If INR >1.5 or aPTT >40 and hemoglobin stabilizes, prioritize plasma transfusion over red cells.
- If fibrinogen <1.5 g/L consider cryoprecipitate (dose 1 unit/10 kg).
- If platelets <75x10⁹/L consider an additional dose of platelets.
- If ionized Ca⁺⁺ <1mmol/L give 50 mg/kg calcium gluconate.
- Based on results, MTP box contents may be customized upon request.

If patient is on anticoagulants, or other transfusion advice is required, consult the on-call Transfusion Medicine Physician (switchboard – #1000)

Collect 'MTP panel' bloodwork every 30 minutes and review results to guide treatment

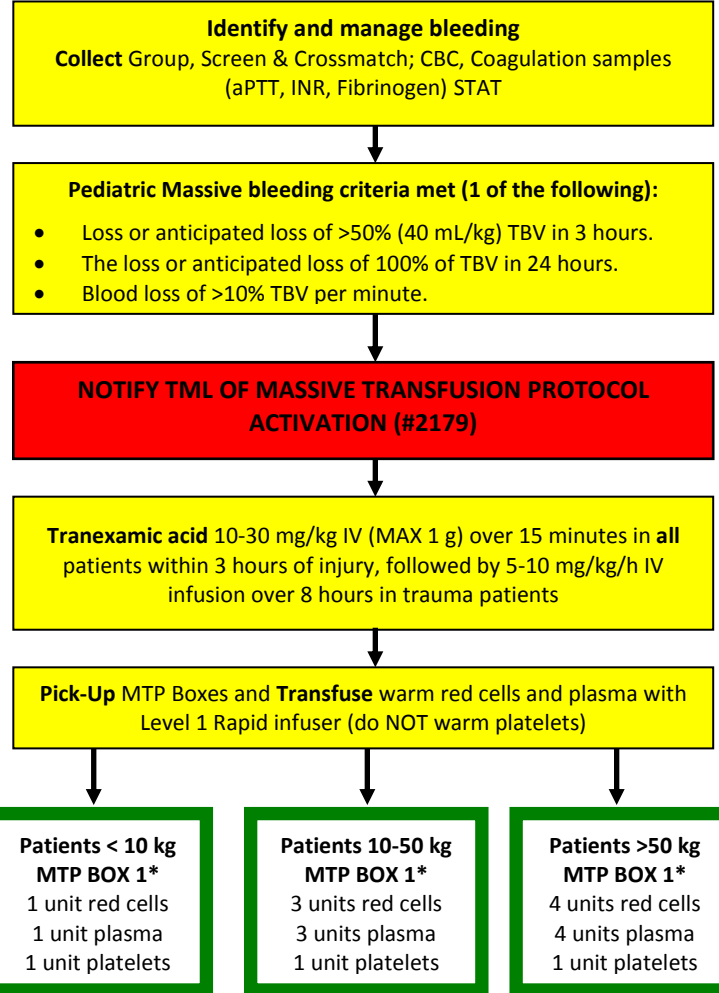
- MTP Panel includes:**
- CBC
 - INR/aPTT
 - Fibrinogen
 - Venous blood gas
 - Ionized Calcium

Alternate MTP Box 1 and 2 until clinical situation is resolved

MTP BOX 2

Same ratios as MTP BOX 1, but does not include platelets

*MTP BOX 1 may arrive without plasma at MTP initiation (approx. 25 min delay to allow for thaw)



Contents of MTP Boxes must be transfused within 4 hours of issue. Transfusion Medicine WILL CONTINUE preparing boxes unless notified that MTP is discontinued.