

Major Haemorrhage response at St Bartholomew's Hospital

Summary of changes ('Go Live' 14th Jan 2026)

Anthony Bastin, Barts Heart and Thorax Centre Q&S lead

Suzanne Adegboyega, Transfusion practitioner

Background

- Concerns and frustrations about how Major Haemorrhage is managed at SBH
- Scoping exercise – listening and discussions with clinical groups, laboratory staff, portering service and other stakeholders over 6+ months
- Redesign of our response to major haemorrhage, aim to bring clearer structure and make it easier for staff at the bedside and laboratory staff
- No significant changes required to the major haemorrhage protocol itself, but how we enact the protocol is what will change
- Aimed at improving the response in the first 30-60 mins (getting blood products to the patient). It cannot dictate all of the clinical management for all patients in all circumstances

What will change ('go live' on 14th January 2026)

1. Use 2222 to declare a major haemorrhage
 - State 'St Bartholomew's Hospital' and 'ward/clinical area'
 - Voice notification will go to all holders of cardiac arrest bleep
 - All cardiac arrest team members to attend location of major haemorrhage
2. Use cue cards to guide response
 - Team Leader / Communication Lead / Runner / Porter roles
 - Cue cards on every cardiac arrest trolley
3. Re-enforce that blood can be collected from local fridges for urgent use, in addition to blood being brought by porters from lab

What will change ('go live' on 14th January 2026)

4. Re-enforce use of PDA to print patient ID slips and collect blood

5. Blood fridges

- Improved interface, screen problems fixed
- Select 'take out' as the primary action
- Clearer on-screen instructions for user

6. Porterage response more clearly defined

- When a major haemorrhage is declared, a porter will attend the clinical area and await instruction from the Team Leader (exception in theatres)
- Only porters, not clinical staff, should cross the square to the laboratory
- Porters will only stand down when instructed by the Team Leader

TEAM LEADER

(Usually assigned to doctor)

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Is this Major Haemorrhage?

- ☐ Rapid / continuous blood loss causing low BP OR
- ☐ Bleeding likely to require >4 units RBC

if no

Manage as standard

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ASSIGN ROLES (give lanyards)

Communication lead (doctor or CCOT)

- ☐ Calls blood transfusion lab red phone Ext 57416
- ☐ Request "Pack A"

Runner (ODP or ward nurse)

- ☐ Collects 6 x RBC from nearest KGV blood fridge
- ☐ Runner does not leave main KGV building

Porter

- ☐ Collects blood products from transfusion lab
- ☐ Brings back 6 x RBCs ASAP
- ☐ Brings back 4 x FFP when thawed
- ☐ Brings platelets ASAP if requested

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- ☐ Check 2222 "Major Haemorrhage" call has been made
- ☐ Manage the bleeding site if possible (e.g. pressure)
- ☐ Get large bore iv access
- ☐ Take new G&S / FBC / clotting / biochem sample
- ☐ Give fluid (blood and blood products where possible)
- ☐ Give tranexamic acid (TXA) 1g iv (not in upper GI bleed)
- ☐ Reverse anticoagulants (use Action Cards in folder)
- ☐ Consider definitive bleeding control (e.g. surgery, endoscopy, interventional radiology)

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- ☐ Reassess patient frequently
- ☐ Always use group-specific blood when/if available
- ☐ Request "Pack B" if bleeding continues despite Pack A
- ☐ Repeat TXA 1g iv if bleeding continues after 30 mins

COMMUNICATION LEAD

(usually assigned to doctor, or CCOT)

Please communicate closely with the TEAM LEADER throughout

- ☐ Confirm that blood transfusion lab has been contacted on lab red phone Ext 57416 (call again if uncertain)
- ☐ Secondary transfusion lab phone is Ext 56130

- ☐ Give transfusion lab the patient details and current location

- ☐ Provide a contact number for transfusion labs to call (bedside Ext / mobile phone / bleep number)

- ☐ Request "Pack A" from transfusion lab (the porter will collect from transfusion lab)

- ☐ Confirm that G&S sample has been taken from patient
- ☐ Confirm that G&S sample delivered to transfusion lab

- ☐ Notify transfusion lab if patient moved to another clinical area

RUNNER

(usually assigned to ODP or ward nurse)

***YOU MUST HAVE TRAINING AND
WORKING ACCESS TO BLOOD FRIDGES***

Do not leave the main KGV building

**Please communicate closely with the
TEAM LEADER throughout**

You will be directed by the Team Leader to:

- ☐ Collect emergency blood from nearest blood fridge
- ☐ Run urgent blood samples (ABGs)

Collecting blood from the nearest blood fridge:
1E, 6A, theatres, 7A

- ☐ Scan your ID badge to access the fridge screen
- ☐ Select 'Take Out' on screen
- ☐ Scan the pick-up slip and follow the on-screen instructions
- ☐ Alternatively, enter the patient's MRN and follow the on-screen instructions

In rare cases where the patient is unidentified or has no MRN:

- ☐ Scan your ID badge to access the fridge screen
- ☐ Select 'Emergency Units' on screen
- ☐ Input the patient's sex in the MRN section ("Male" or "Female") and follow the on-screen instructions

Return unused RBC and FFP units to the blood fridge ASAP

(Front of cue card)

PORTER

***The major haemorrhage call takes precedence
over all other non-urgent calls***

**Please communicate closely with the
TEAM LEADER throughout**

You will be directed by the Team Leader to:

- ☐ Collect blood products from Main Blood Transfusion Lab (2nd floor Robin Brook Centre)

"PACK A"

- ☐ Bring back 6 x RBCs as soon as available
- ☐ Bring back 4 x FFP as soon as thawed (20-40 mins)
- ☐ Bring platelets as soon as possible (if requested)

**You may be required to go to and from the
Blood Transfusion Lab several times**

**Please inform the Team Leader every time you
leave or arrive at the clinical area**

**Please continue to make yourself available until asked
to 'step down' by a member of the clinical team**

(Front of cue card)

Useful information

Blood fridge locations x 4:

ICU 1E - Theatres - ICU 6A - 7th floor

PACK A includes:

- 6 x RBC (available immediately from fridges and lab)
- 4 x FFP (from lab, takes 20-40 mins to thaw)
- 2 x Plts (from lab, for intra-operative bleeding, or by request)

PACK B includes:

- 6 x RBC (available immediately from lab and fridges)
- 4 x FFP (from lab, takes 20-40 mins to thaw)
- 2 x Cryo (from lab, takes 20-40 mins to thaw)
- 1 x Plts (from lab, available immediately)

Consider:

- Use ACTION CARDS for anticoagulant reversal advice
- Sample for TEG (if available)
- Cell salvage (if in theatre)
- Aim plts >100

Blood product storage:

- Return unused blood to fridge (within 30 mins) or lab if longer
- FFP & cryo must be used within 4h (or return to lab)
- Platelets must always be stored at room temperature

Useful contacts:

- Red phone major haemorrhage lab: **XT 57416**
- Secondary lab phone: **XT 56130**
- Haem advice: ask for 'Haematology registrar' via switch

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Photo of cue cards with lanyards in folder
(will be in lower drawer of all cardiac arrest trolleys)

(Reverse of all 4 cue cards)

What is asked of clinical teams?

- Use 2222 for major haemorrhage
 - All cardiac arrest bleep holders to attend location to assist clinical response
- Pick up and use the cue cards as soon as you arrive at the clinical area (especially the Team Leader)
- Ensure that your access to blood fridges is current and active
 - Applies to relevant staff
 - Contact Suzanne Adegboyega or cascade trainer if required
- Report any concerns about major haemorrhage response
 - Via Datix
 - To Suzanne Adegboyega and/or Anthony Bastin

Further information

- Anthony Bastin, consultant in critical care, BHTC Q&S lead
a.bastin@nhs.net
- Suzanne Adegboyega, transfusion practitioner SBH
s.adegboyega@nhs.net

Please contact us to arrange a short session with any of your clinical groups – team days, induction, teaching sessions, etc

Our response to Major Haemorrhage will be actively monitored, data collected and feedback sought in order to continuously improve our response, track blood product use, track wastage etc