Major Haemorrhage response
at
St Bartholomew's Hospital

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

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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

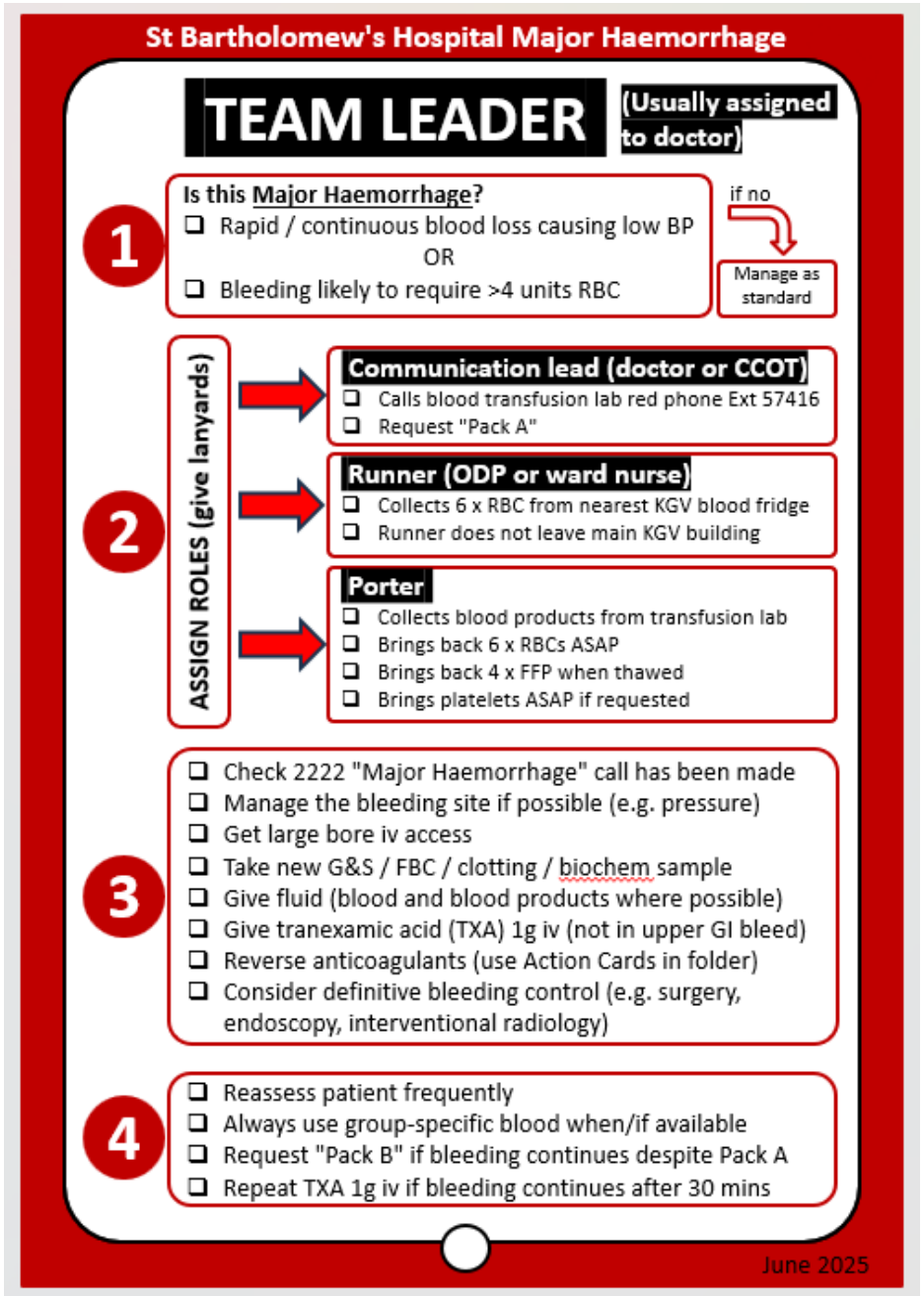
3. Re-enforce that blood can be collected from local fridges for urgent use, in addition to blood being brought by porters from lab

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

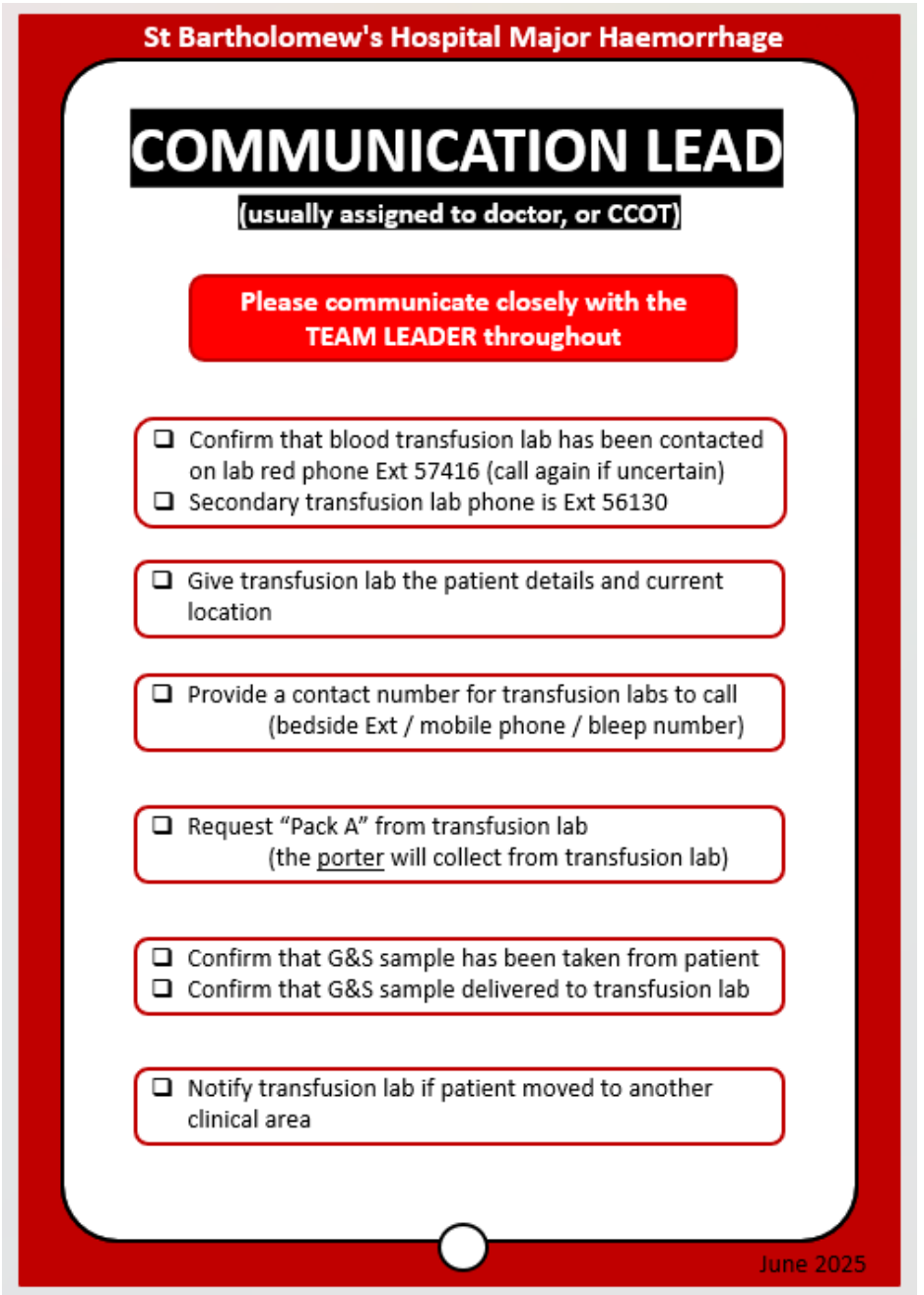
4. Re-enforce use of PDA to print patient ID slips and collect blood

5. Blood fridges
   - Improved interface, screen problems fixed
   - Select ‘take out’ as the primary action
   - Clearer on-screen instructions for user

6. Portering 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



(Front of cue card)



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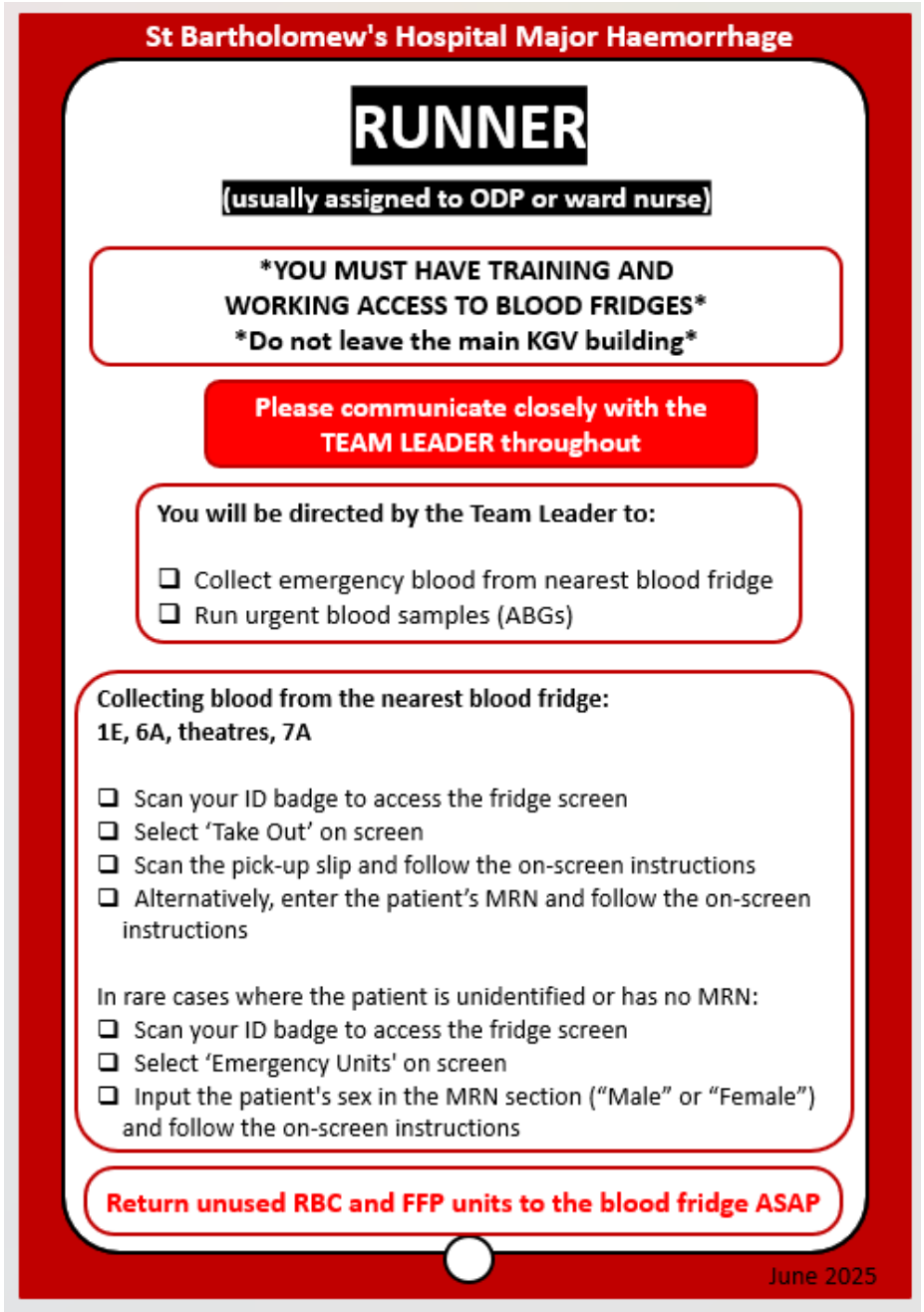

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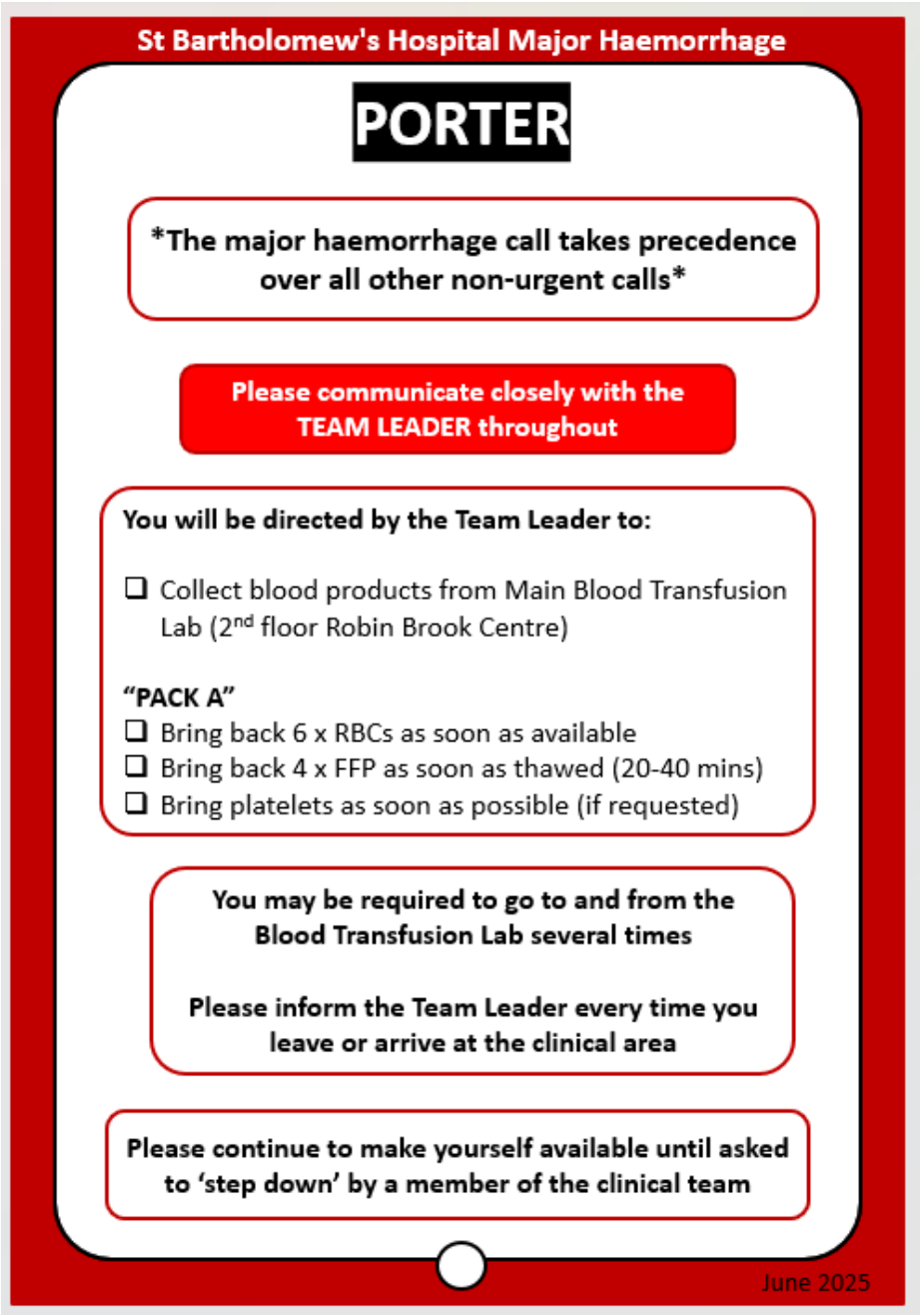

(Front of cue card)

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

June 2025

(Reverse of all 4 cue cards)

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

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