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Pediatric massive transfusion protocols

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Transfusing tiny soldiers

Ramsey C. Tate, MD Fellow, Pediatric Emergency Medicine





Applying combat-derived massive transfusion protocols to pediatric trauma patients



Agenda

Case

Damage control resuscitation

Massive transfusion protocols

Pediatric massive transfusion protocols

Agenda

Case

Damage control resuscitation (DCR)

Massive transfusion protocols (MTP)

Pediatric massive transfusion protocols (P-MTP)





Permissive hypotension

Aggressive correction of coagulopathy

Use of blood products and vasopressors to maintain hemodynamics and euvolemia

Permissive hypotension

Aggressive correction of coagulopathy

Use of blood products and vasopressors to maintain hemodynamics and euvolemia

Hemostatic resuscitation



Massive transfusion protocols

Fresh whole blood:

500 mL Hct 33-43% Plt 130-350,000 Fibrinogen 1500 mg Clotting activity 86% Full platelet activity Warm



Fresh whole blood:

500 mL Hct 33-43% Plt 130-350,000 Fibrinogen 1500 mg Clotting activity 86% Full platelet activity Warm





Fresh whole blood:

500 mL Hct 33-43% Plt 130-350,000 Fibrinogen 1500 mg Clotting activity 86% Full platelet activity Warm



1:1:1



Resuscitation with predetermined ratios of blood components

Rapid infusion of warmed blood products

Coordination with transfusion specialists to ensure streamlined delivery of products

Resuscitation with predetermined ratios of blood components 1 RBC:1 FFP:1 Platelet

Rapid infusion of warmed blood products

Coordination with transfusion specialists to ensure streamlined delivery of products

Resuscitation with predetermined ratios of blood components

Rapid infusion of warmed blood products

Coordination with transfusion specialists to ensure streamlined delivery of products

Resuscitation with predetermined ratios of blood components

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Resuscitation with predetermined ratios of blood components

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Coordination with transfusion specialists to ensure streamlined delivery of products



Math is hard







Transfusion of one blood volume in 24 hours

Transfusion of one-half blood volume in 3 hours



Harborview pediatric MTP

Stable Tachycardia Hemodynamic Instability 20 mL/kg 40 mL/kg 80 mL/kg 160 mL/kg Each additional Estimated 0 Blood Loss 1 blood volume 80 mL/kg 2 blood volumes 20-40 mL/kg Crystalloid PRBC 30 mL/kg Blood Products PRBC 30 mL/kg PRBC 30 mL/kg PRBC 30 mL/kg FFP 20 mL/kg FFP 20 mL/kg FFP 20 mL/kg PLTs 20 mL/kg PLTs 20 mL/kg Cryo 4 mL/kg Cryo 4 mL/kg Consider rFVIIa To order pediatric massive transfusion pack: call 744 –xxxx Cryoprecipitate after 2 blood volumes or fibrinogen <1-1.5 g/L Recombinant activated factor VII dosed 90 mcg/kg (off label use) For children > 30 kg, aim for 1:1:1 component therapy

ONGOING HEMORRHAGE

based on Dehmer et. al. Seminars in Pediatric Surgery (2010) 19, 286-291 adapted by Brian Johnston and Ramsey Tate



UNM pediatric MTP

Still in development UNM may be a research site for P-MTP study

Weight (kg)	Total Blood Volume	Blood Pack "Shipment"	Crystalloid 20 mL/kg	Crystalloid 40 mL/kg	RBC 30 mL/kg	Plasma 30 mL/kg	Platelets 5 mL/kg	Cryo 2 mL/kg	10% Calcium Gluconate
1	100	А	20	40	30	30	5		0.1
1	100	В			30	30		2	
2	200	А	40	80	60	60	10		0.2
2	200	В			60	60		4	
3	270	А	60	120	90	90	15		0.3
3	270	В			90	90		6	
4	360	А	80	160	120	120	20		0.4
4	360	В			120	120		8	
5	450	А	100	200	150	150	25		0.5

Math is hard

pRBCs FFP Platelets Cryoprecipitate TXA

20 - 30 ml/kg 20 - 30 ml/kg 5 - 20 ml/kg 2 -5 ml/kg 20 ml/kg

Math is hard

Critical importance of warming (ENFLOW)

Math is hard

Critical importance of warming (ENFLOW)

Different blood product preparation

Math is hard

Critical importance of warming (ENFLOW)

Different blood product preparation

Difficult to interpret functional coagulation studies (ROTEM)

Math is hard

Critical importance of warming (ENFLOW)

Different blood product preparation

Difficult to interpret functional coagulation studies (ROTEM)

Anticipate electrolyte abnormalities

Math is hard

Critical importance of warming (ENFLOW)

Different blood product preparation

Difficult to interpret functional coagulation studies (ROTEM)

Anticipate electrolyte abnormalities

Scant research



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