



#### Exclusion criteria:

- Patients with a known bleeding disorder

#### Dosage for emergency RBC transfusion:

- Patients  $\leq 30$  kg:
  - 1 - 2 RBCs units
- Patients  $> 30$  kg:
  - 1 - 4 RBCs units



QR code for mobile view

Patient at Children's Mercy Kansas (CMK) is experiencing life-threatening bleeding

- **Notify** charge RN to obtain emergency blood from CMK ED (4 units of O neg are available)
- **Obtain** blood in EDTA lavender tube for type & screen **before transfusion** (if not already done)
- **Start transfusion**
- **Obtain** other labs (*can be collected after transfusion*):
  - CBC
  - PT/PTT
  - Fibrinogen

*Labs to be sent to CM AH lab via STAT courier or transport with patient, whichever is faster*

- **Consider** additional line placement

**Call 1-800-GO-MERCY to arrange rapid transport to CM AH**

*If massive transfusion protocol is expected, notify transport so they can bring the cooler*

**If bleeding persists, consider administering tranexemic acid (TXA)**

- $\leq 15$  years of age:
  - 15 mg/kg (max 1 gram) IV over 10 minutes x1 dose, followed by continuous infusion 2 mg/kg/hr (max 125 mg/hr) for 8 hours or until the bleeding stops
- $> 15$  years of age:
  - Adult dosing, 1 gram IV over 10 minutes x1 dose, followed by continuous infusion of 1 gram (125 mg/hr) IV over 8 hours or until the bleeding stops

**If microvascular bleeding persists after administration of blood and TXA, consider:**

- **First choice:** prothrombin complex concentrate (KCentra)
  - 25 units/kg (max 2,000 units)
- **Second choice:** Factor VIIa (Novoseven)
  - 20 - 40 mcg/kg (max 180 mcg/kg)
- **Phone consult with Hematology**

**Transport patient to CM AH**

- Ensure physician-to-physician communication (*e.g., anesthesiologist to receiving team*)

#### Abbreviations:

ED- Emergency Department  
CM AH- Children's Mercy Adele Hall