What can be done to improve massive transfusion protocols?

Ivy Shih - 3 hours ago



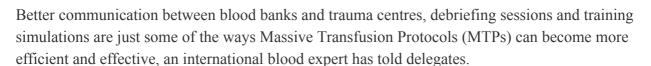












Dr Mark Fung from the University of Vermont Medical Center, Canada, gave his talk *Massive Transfusion Protocols (MTPs): It's more than just asking for and receiving a lot of blood* during the ANZBT Choosing Wisely session.

He told delegates MTPs were usually an agreement between Blood Bank, OR and trauma service. Once an MTP was activated, specific blood products such as RBC units, plasma units, and platelet units were automatically prepared on a continuous basis.

But Fung outlined, there can be wide variability in how MTPs are implemented at trauma centres.

Factors such as how blood products are ordered, verified, issued and delivered by the Blood Bank and even how to terminate an MTP all needed consideration, he said.

Dr Fung noted that MTPs were a particular challenge for paediatric patients due to the wide range in the size of the patient and limited choices in aliquot size of blood products.

For example, the ratio of blood products administered differed between medical centres with some segregated according to age and weight.

A debriefing session after an MTP was of critical importance so that lessons could be learned and improvements made.

"We have a very short survey that touches the services from the blood bank, the OR staff to the blood carrier as well. Just to find out from their perspective what went well what didn't," he told delegates.

Dr. Fung highlighted the importance of simulations for medical staff, which he said was an innovative approach to building competency in future implementations of MTPs.

In particular he recommended the Blood Matters Massive Transfusion Scenario protocol, a document published by the Australian Red Cross Blood Bank and the Victorian Government.

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