

Important Contacts	Phone no.
RUH Switchboard	655-1000
TML	655-2179
Hematology Lab	655-2191
CODE ACTIVATION	3-2-1

Weight (kg)	40% of total blood volume (mL)
0-10	40-350
11-30	340 - 1000
31-49	1000-1600
≥50	≥1600

Blood products/Calcium thresholds for administration	
Hemoglobin	≤ 80 g/L
RBC Dose	20ml/kg MAX:2 units
Platelets	≤50 x 10 ⁹ /L
Platelet dose	10ml/kg MAX: 1 unit
INR	≥1.8
Plasma Dose	20ml/kg
Fibrinogen	≤1.5
Fibrinogen Concentrate	60 mg/kg MAX: 2 grams (0-30 kg) MAX: 4 grams (> 30 kg)
Cryoprecipitate	1 unit/10 kg (5-10 ml/kg for weight <10 kg)
Use thresholds provided above after cessation of active bleed	
Ionized Calcium	<1.15 mmol/L
IV Calcium Guconate	50 mg/kg (MAX 2 grams)

Activation PRE-

Bloodwork STAT: Order type and screen, CBC, INR, Fibrinogen, ionized Ca
IV access: 2 large bore IV catheters
Monitoring: Continuous cardiorespiratory monitoring
Aggressive rewarming (Bair Huggers or warmed IV fluids)
Transfusion: Uncrossmatched RBC (use blood warmer)

ADMINISTER TRANEXAMIC ACID DOSE: 30 MG/KG: MAX DOSE 1000 MG

Activation

Activation Criteria
 Loss or anticipated loss of 40% or more of estimated total blood volume (TBV) in 3 – 24 hours

ASSIGN TEAM CONTACT TO ACTIVATE "PEDIATRIC CODE TRANSFUSION" – CALL 3-2-1.
 Then call transfer/call 2179 TML: Provide patient name, sex, age, location, MRP, diagnosis and weight

Blood ADMINISTRATION

Pick up MHP box from blood bank based on PATIENT'S ESTIMATED WEIGHT
 Transfuse RBC and Plasma with Rapid Infuser. BLOOD ADMINISTRATION SET REQUIRED.
 Transfuse RBC and FP through warmer DO NOT WARM PLATELETS
 Co-infuse with NS/plasmalyte ONLY.

