

Emergency 15.4: Severe unexpected haemorrhage

Definition

Sudden, unexpected and ongoing loss of 2 l of blood or more

Problems

If not resolved, mortality 50%

Loss of circulating volume (hypovolaemia) is immediate threat and also leads to further bleeding via disseminated intravascular coagulation

If losses replaced with crystalloid or bank blood, dilutional thrombocytopenia and coagulopathy develop

Actions

Ensure good vascular access: maintain blood volume with saline or plasma expanders

Notify blood bank of situation (many hospitals operate a 'code red' for this event)

Send two cross-matched samples to blood bank

If red cells must be given prior to compatible blood issue by the blood bank, give ABO group-compatible uncross-matched blood. Outside hospital (e.g. trauma/obstetrics) 'flying squad' group O rhesus negative blood may be given

To counter dilutional thrombocytopenia and/or coagulopathy, give 1 l of fresh plasma and two adult doses of platelet concentrate for every 6 units of blood transfused