**PROVINCIAL MASSIVE HEMORRHAGE PROTOCOL**

# for patients and their families

Massive Hemorrhage Protocol

Letter for MHP Patients and their Families

Patient Name:

(can apply patient label here)

DOB: \_ \_ \_/\_ \_ /\_ \_ Patient #:

1. Purpose

The purpose of this letter is to try and answer some of the questions you and your family may have about your transfusion support during your major bleed. The letter can also act as a guide to the discussion with your health care team to ensure you have a chance to hear about your treatment. The health care team members speaking to you could include your primary physician, another physician, a nurse, a social worker or a spiritual care practitioner.

This document provides you with a permanent record of the summary of your transfusion treatments. We have also included a contact at the bottom of the pamphlet, so you can ask any follow up questions you may have at a future date. Please feel free to ask any further questions.

1. How Much Blood was Transfused (so far)?

13.0 PATIENT / FAMILY SOCIAL SUPPORT

Red Blood Cells (RBCs)

Platelet Doses

Plasma

Other blood derived products. List

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1. Problems I experienced during my massive bleed in the first 24 hours

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes/No** | **Problem** | **How this was controlled or treated** | **How I may feel or appear** |
| * Yes * No | Uncontrolled bleeding | Pressure on the wound, balloon devices, endoscopy, surgery | Pressure, anesthesia |
| * Yes * No | Low body temperature | Warm IV fluids, warm blankets where possible | Cold, shivering |
| * Yes * No | Low body pH (acidity) | IV fluids, red blood cell transfusion, medication to raise pH | Confusion, rapid shallow breathing |
| * Yes * No | Not clotting properly | IV calcium, regular laboratory testing, transfusion of plasma, platelets or  other blood products, other pro-clotting medications | Wounds not clotting |
| * Yes * No | Anemia and low blood pressure | Red blood cell (RBC) transfusion | Weak, short of breath, dizzy, pale |
| * Yes * No | Electrolyte imbalance | IV medication | Tingling, trouble breathing, chest pain, nausea |
| * Yes * No | Increased fluid in tissues | Diruetics (water reducing medication), reduced IV fluids | Difficulty breathing, general swelling throughout the body |
| * Yes * No | Allergic reactions to blood products (including anaphylaxis) | Antihistamine medication, steroids | Itchy, hives, puffy eyes, difficulty swallowing and breathing |
| * Yes * No | Fever from blood  products | Tylenol (acetaminophen) | Fever and chills |
| * Yes * No | Lung injury from blood  products | Oxygen, respiratory support (e.g., with intubation and ventilation), diuretics, chext X-ray for diagnosis | Difficulty breathing, chest pain |

1. Hospital Contact for any Further Questions

13.0 PATIENT / FAMILY SOCIAL SUPPORT

If you think of any further questions, here is someone you can email or speak with by telephone: Department/Name:

Email:

Telephone: