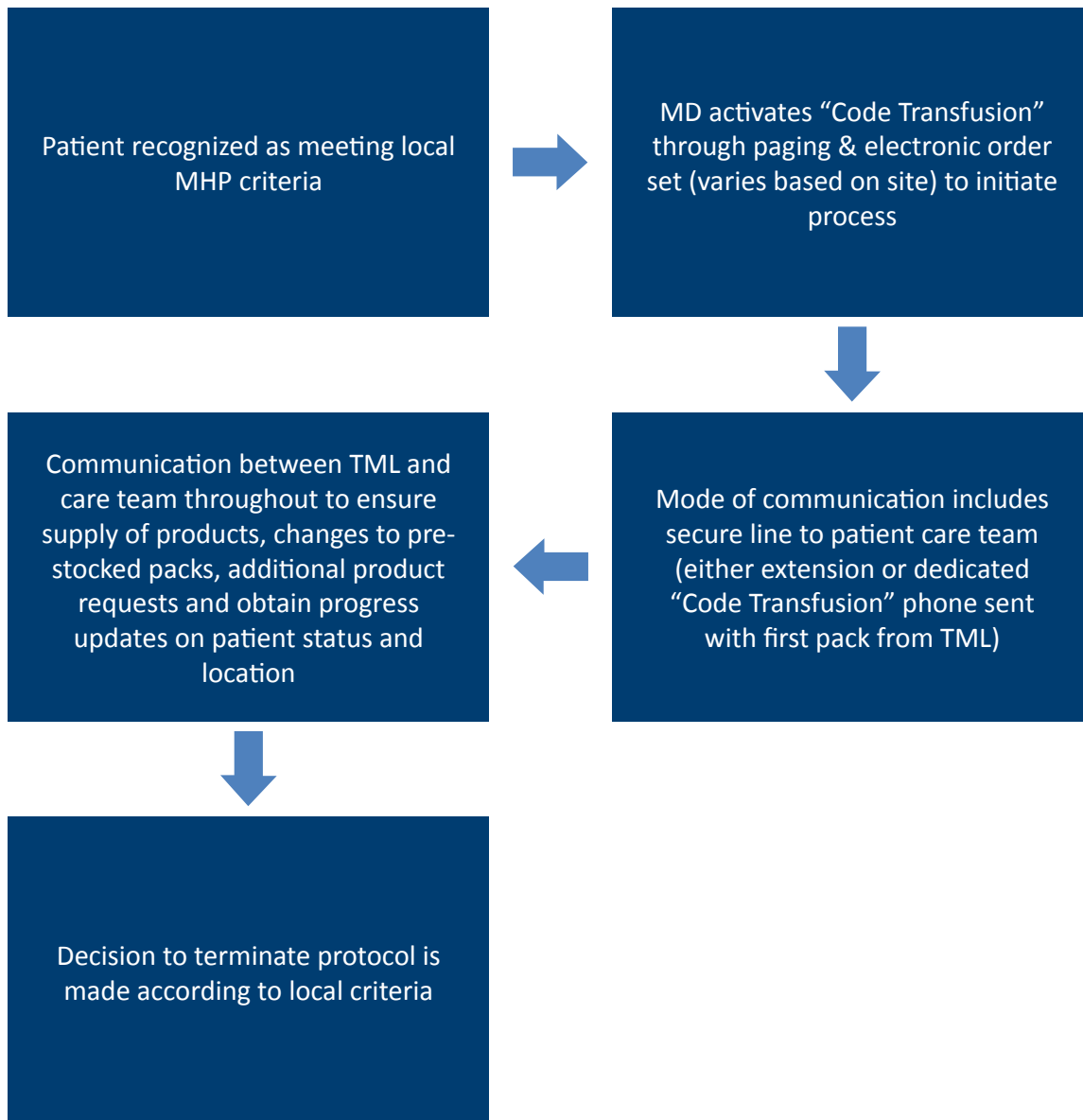


8.0 COMMUNICATIONS

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To mitigate confusion and delays in MHP activation due to the existence of several terms across Ontario hospitals, the protocol shall be called “Massive Hemorrhage Protocol (MHP)” and if activated as an overhead page “Code Transfusion”. This section outlines the importance of prompt notification of all activations (and terminations) to the Transfusion Medicine and Core Laboratories, prompt notification of all critical laboratory results and coagulation parameters to the clinical team specifically addressing the following recommendation statements: 7, 16-18 and 39.



8.1 Activation

The MHP must be activated by the Team Leader/Lead Clinician

- Call Paging (or switchboard or communication) at extension XXXX
- State: Activate MHP and if overhead announcement “CODE TRANSFUSION”



- Paging (or switchboard or communications) patches through to TML and stays on the line
- Clinical team state patient sex, approximate age (if pediatric, approximate weight) and if patient is on anti-coagulants or antiplatelets
- Clinical team states location

Switchboard personnel will automatically page the Code Transfusion team as a result of the code activation with information on location, sex +/- age [the individuals paged will vary based on each hospital]. Refer to Teams section for complete information.

8.2 Mode of Communication

Notification for TML and the core lab will vary at different hospitals:

- May require electronic order entry, paper or downtime requisition to generate initial blood order set (e.g., Stat Group & Screen, CBC, INR, PTT, Fibrinogen, Electrolytes, Blood Gas, ionized Ca, & Lactate)
- May require electronic order entry, paper or downtime requisition to initiate blood product preparation/delivery
- Mode of communication between lab and clinical side requires secure line to patient care team (either extension or dedicated “Code Transfusion Phone” sent with first pack from TML)
- Porter, if part of the team, will await cooler #1 (and deliver dedicated “Code Transfusion Phone to Nurse” with cooler #1; phone will travel with patient; or communication designate provides extension).

8.3 Content of Communication

- Communication will include reporting of critical laboratory results and important coagulation parameters (hemoglobin, platelet count, INR, fibrinogen) whether critical or not, to enable modification of blood orders as needed.
 - » If a dedicated phone or extension is not available then a direct/accessible means of communication between laboratory and clinical team looking after the patient must be established at onset of code. Communication surrounding blood ordering will differ depending on each hospital setting (electronic vs. paper vs. verbal orders).
- After each cooler the clinical team should reassess if the patient requires additional blood and blood product preparation and delivery and if MHP can be de-activated due to stabilization of the patient.
 - » Empty coolers should be returned to TML as soon as possible. There may be 3 or more coolers in circulation depending on proximity to the TML and local practice. It is advisable to ensure return of empty coolers, and no more than 2 coolers distributed at a given time to prevent full coolers piling up at the bedside and potential for wastage.
- Laboratory investigation is recommended at a minimum of every 60 minutes and the modes of ordering will vary based on hospital (electronic orderset, paper-based orderset).

8.4 Communication Loop

Communication within the team during the code should be via a designated individual (e.g., Clinical Leader, Nurse Leader, nurse recorder, assigned transfusion nurse etc.)

- Identify appropriate individual and notify TML of who that individual is
- Ensure access to phone/dedicated extension
- Individual has knowledge and access to patient status, blood product utilization and is able to communicate critical lab results to the rest of the clinical team



TML to contact TM physician on call/physician covering TM service at a pre-decided threshold of products utilized/ inventory status for advice on Rh-group switching, and for obtaining further product. Make sure the TML assesses need to bring in additional back-up if insufficient staffing to meet patient needs.

TML should contact the clinical side for a status update if no empty coolers have been returned for ~45 minutes to determine if the MHP can be terminated.

Communication to other hospital sites (if transfer needed) and involve sub-specialties, such as interventional radiology (IR).

Communication between TML and CBS is required to:

1. Make sure CBS Distribution is notified in the event of a mass casualty event (multiple traumas).
2. TML technologist is required to look at inventory levels (how low can they safely go before needing to bring in inventory?) Green, amber and red phase levels for inventory could be used as a guideline on when to order from CBS and replenish inventory as needed (communication to CBS should indicate MHP ongoing as applicable)
3. Ensure that after MHP termination that the backfilling occurs in an expeditious manner for “replenishment”

8.5 Timing

Communication should occur when there is significant change in patient’s status or goals of care, when patient location changes and when MHP is terminated.

8.6 Termination

Decision to de-activate Code Transfusion is made by the Team Leader or delegate:

- By calling XXXX and stating “Code Transfusion and location- cancel as per local policy”
- Switchboard may notify through paging/text that the code is terminated to individuals initially notified of activation.
- All unused blood components/products and shipping containers to be returned to TML as per hospital cooler validation timeline/policy.
- Return of discarded blood product bags and tags as per local policy.
- Refer to section on Patient and Family Support regarding notification of exposure to blood components/products.



Pediatric

Pediatric patient weight and sex should be communicated to the transfusion medicine laboratory as soon as possible after MHP activation. Reported weight determines blood product (RBC and FP) cooler unit content and guides platelet, and factor concentrate dosing. A pediatric ml/kg dosing chart for blood products and factor concentrates will accompany each cooler to avoid inadvertent product under or overdose (see Pediatric Appendix B: pediatric drug and blood product dosing table and Appendix F: Pediatric blood product dosing cooler box labels).

