

## *Pathology and Laboratory Medicine Memorandum*

**To:** Nova Scotia Health and IWK Health Care Providers and Service Directors.

**From:** Transfusion Medicine, Department of Pathology and Lab Medicine

**Date:** October 21, 2022

**Message:** *Updated Guideline for the Management of Massive Hemorrhage*

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Effective November 1, 2022 a new version of the provincial *Guideline for the Management of Massive Hemorrhage* will be available at (insert website link and words for those using paper copies).

This new guideline was developed through a collaborative process involving a multidisciplinary team of clinical experts from across the province. It will replace the 2013 version *Appropriate Use of Blood Components/Products during a Massive Transfusion in Nova Scotia*. Since 2013, substantial advances in hemorrhage management and protocol development have occurred.

### **Key changes in the design and purpose of the guideline include:**

- The framework of the document has been reorganized into 11 key practice points: Pre-hospital Management; Inter-facility Transport; Response Team; Massive Hemorrhage Protocol Activation; Damage Control Resuscitation; Hemostatic Resuscitation; Antithrombotic Reversal Strategies and Adjunctive Treatments; Goal-Directed and Result-Guided Transfusion; Termination; Special Consideration; and Performance Monitoring.
- Each practice point is accompanied by a set of recommendations that have been agreed upon by a provincial team of healthcare professionals (physicians, nurses, and technologists) specializing in emergency and transfusion medicine as acceptable standards of care and best practices.
- Recommendations are to be used as a guide for institutions when developing or updating site-specific massive hemorrhage protocols.
- Recommendations are broad in nature in that they do not direct institutions on how they are to be carried out or incorporated into site-specific protocols.
- The guideline intends to harmonize hemorrhage control measures across the province for all massively bleeding patients, rather than impose one standard of care or approach.

### **Key additions and changes to the clinical management of massive blood loss include:**

- Addition of guidance on the transfusion of blood components and products in the pre-hospital setting.
- Addition of guidance on the use of objective activation triggers when initiating a Massive Hemorrhage Protocol.
- The ratio of red blood cells to plasma issued during the early stages of protocol activation are to be delivered in a manner that permit a transfusion resuscitation strategy between 1:1 and 2:1.

If you have any questions, please contact Jennifer LeFrense, Manager Nova Scotia Provincial Blood Coordinating Team at (902) 487-0504 or [jennifer.lefrense@nshealth.ca](mailto:jennifer.lefrense@nshealth.ca)