Massive Hemorrhage
Utilization Data Collection Form

Hospital ID# _____

HCN: _____ Year of Birth: _____ Sex: ☐ Male ☐ Female

Ordering Physician: _____ Reg. No: _____ Specialty: _____

Location: ☐ ED / ☐ ICU / ☐ OR / ☐ Floor / ☐ Clinic / ☐ Other *(specify)* _____

☐ **Month End**: No MHP utilization data to report for: _____

Massive Hemorrhage

MHP Activated ☐ No ☐ Yes Date (YY/MM/DD): _____

☐ Trauma ☐ Non-trauma *Specify:* _____

Time activated: _____ **Time products were dispensed after activation**: _____

MHP Activated by: ☐ Lab ☐ Physician

Specify blood components/products issued at activation:

RBC: _____ units Plasma: _____ mL Platelets: _____ units Other: _____

Total Blood Components/Products Transfused *(include above components)* ☐ None ☐ Yes - *specify*

RBC: _____ units Plasma: _____ ml Fibrinogen: _____ g

Platelets: _____ units Cryo: _____ units Other: _____

MHP Component Associated Wastage:

RBC: _____ units Plasma: _____ units Platelets: _____ units Cryo: _____ units

Massive Transfusion ☐ No ☐ Yes (Adult - transfusion of ≥ 10 units of RBCs in 24 hrs.)
(Pediatric - 40 ml/kg of blood products administered in 24 hrs.)

Final Clinical Disposition

Patient survived ☐ No ☐ Yes Date of death (YY/MM/DD): _____

Comments/Additional Information: _____

_____

Signature _____ Fax to NSPBCT 1-833-331-3373

NSPBCT Use Only	Date: _____ Initials: _____	Massive Hemorrhage
		☐ Guideline followed
		☐ Guideline not followed
		Entered into Database – Date: Initials: