



# For Back Up Use

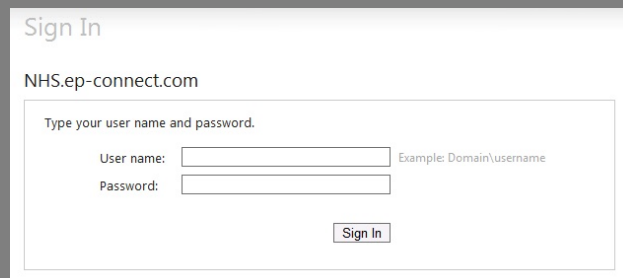
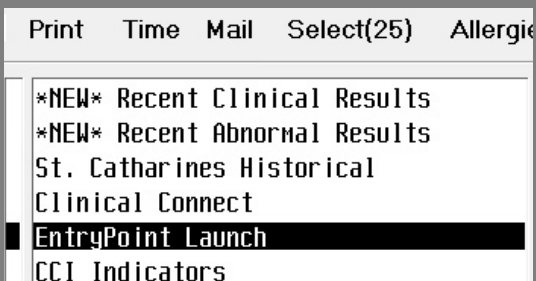
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on  
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.





Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

### Massive Transfusion Protocol (MTP) Order Set

M    K    O

Orders  
Processed  
Date  
(dd/mm/yyyy)

**Criteria**

- Witnessed or anticipated emergent need for 10 units of RCC
- As deemed necessary by the MRP

Time (hhmm)

**Initiation**

- MRP or designate initiates MTP
- Charge Nurse to call STAT to the site Transfusion Medicine Program and inform of MTP location, patient name, DOB, hospital number, Charge Nurse name and extension
- Activate Portering by entering the order set "MTP1" below (ONLY SCS)
- Call Resource Centre at extension 55555 for Code Omega

By

**Lab Investigations – All STAT**

- OE MTP1 Labs + Blood Pack

Blood Test	Tube Colour
CBC	Mauve
Group and Screen (GPS)	Pink
INR / PTT	Blue
Fibrinogen: Turnaround time (TAT) depends on collection site	Blue – 2 <sup>nd</sup> blue top tube
Na, K, Cl, TCO <sub>2</sub> , Creatinine, Calcium, Albumin	Green

Status

Processing  
Reviewed by

- Infuse Blood Packs 1a and 1b

Blood Packs		
1a	Available ASAP	6 RCC
1b	30 minutes to prepare	4 plasma (FP), 1 plt pool*

\*platelet pool depending on NHS availability

- OE MTP L2 post first blood pack and then labs q1h prn

Blood Test	Tube Colour
CBC	Mauve
INR / PTT	Blue
Fibrinogen: Turnaround time (TAT) depends on collection site	Blue – 2 <sup>nd</sup> blue top

- OE MTPP2

- Infuse Blood Pack 2 and all subsequent packs per physician direction

Blood Pack		
2	And all subsequent packs	4 RCC, 4 plasma (FP), 1 plt pool*

\*platelet pool depending on NHS availability

Status

Faxed by

Telephone Order \_\_\_\_\_  
Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_  Read Back  
Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)

Rev. 08/2018/V6 ORD46 (900878)



**Chart Copy – Do Not Destroy**



Height \_\_\_\_\_ cm      Weight \_\_\_\_\_ kg

Allergies \_\_\_\_\_

<b>Massive Transfusion Protocol (MTP) Order Set</b>		M	K	O
Orders Processed Date (dd/mm/yyyy)	<b>IV Fluids</b>			
	<input checked="" type="checkbox"/> Two 16 gauge IV cannulas or 8.5 French percutaneous sheath introducer <input checked="" type="checkbox"/> All fluids via warming device IV Bolus <input checked="" type="checkbox"/> Warmed sodium chloride 0.9% 500 mL bolus then decrease rate to 30 mL/h			
Time (hhmm)	<b>Vitals/Monitoring</b>			
	<b>Vitals</b> <input checked="" type="checkbox"/> Temp, HR, RR, BP, SpO <sub>2</sub> q15minutes and PRN <input checked="" type="checkbox"/> Permissive hypotension – target SBP 80-90 mmHg or MAP greater than 50 mmHg unless suspected traumatic brain injury <input checked="" type="checkbox"/> Maintain core Temp at greater than 36°C using approved warming device <b>Monitoring</b> <input checked="" type="checkbox"/> Continuous cardiac monitoring			
By				
Status				
<b>PLEASE REVIEW AND ORDER THE FOLLOWING AS NEEDED:</b>				
Processing Reviewed by	<b>Medications</b>			
	<input type="checkbox"/> tranexamic acid 1 g IV direct; repeat bolus if still bleeding at 1 hour <b>IV direct to be administered by physician only;</b> undiluted; at a maximum rate of 100 mg/minute <input type="checkbox"/> calcium chloride 1 g IV over 10 minutes <input type="checkbox"/> vitamin K (phytonadione) 10 mg IV in 50 mL sodium chloride 0.9% over at least 10 minutes – monitor for severe adverse reactions, i.e. anaphylaxis			
Status				
Faxed by	<b>Blood Products</b>			
	<input type="checkbox"/> Cryoprecipitate 10 units (1 pool) for obstetrical bleed or fibrinogen less than 2 g/L for all other bleeding patients			
	<b>Additional Orders</b>			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			
	_____			

Telephone Order \_\_\_\_\_  
 Ordering Practitioner, Designation      Signature      Date/Time (dd/mm/yyyy hhmm)

If Telephone Order \_\_\_\_\_       Read Back  
 Ordering Physician      Date (dd/mm/yyyy)      Time (hhmm)

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