

Disclaimer for special populations

Although outside the scope of this document, massive hemorrhage protocols are often used outside of adult trauma, though largely derived from trauma literature. There are specific considerations for pediatric and obstetric populations in the above algorithm. Early consultation of obstetrics, pediatrics and neonatology is essential. These patients should be cared for in the appropriate hospital/setting, and in centres with experience with these populations.

PEDIATRICS

Pediatric populations need weight specific dosing of medications and blood products and strict fluid balances. Shock may not be as easily discerned as in adults, as children tend to compensate in the early stages better than adults do.

OBSTETRICS

In obstetrics, fibrinogen thresholds are higher due to higher fibrinogen levels in pregnancy. Consider surgical maneuvers to stop blood loss, including B-lynch sutures, Bakri balloon inflation, internal iliac artery ligation, interventional radiology embolization, and hysterectomy. Uterotonics should be administered if no contraindications are present.

When giving blood products, it is important to have a discussion regarding risk of alloimmunization and consider giving Rh immunoglobulin in consultation with a transfusion medicine physician/hematopathologist when an Rh negative person of child bearing potential has received an Rh positive blood component.