



Prehospital Blood Transfusion Pilot Base Hospital Job Aid

Indications for Transfusion

Hemorrhagic Shock Due to Severe Traumatic Injury AND any ONE of the following:

SBP < 70 mm Hg or unable to obtain
SBP < 90 AND HR ≥ 110 (SI > 1.2)
Traumatic arrest witnessed by EMS

Exclusion Criteria

Pediatric patient ≤ 14, or on length-based tape if age unknown
Traumatic arrest NOT witnessed by EMS
Isolated head injury and/or ground level fall
Patient verbal refusal or indications of blood refusal (card/wristband)

Reinforce Usual Trauma/Shock Care

Hemorrhage control
Airway management
Circulation and continuous assessment
Vascular access- Large bore IV or humeral IO
Consider other reversible causes of shock (tension pneumothorax)
Hypothermia prevention
Rapid Transport

Base Contact for Prehospital Blood Outside of the Protocol

Examples to consider:

- Patients identified by paramedics with concern for impending hemorrhagic shock
- Other hemorrhagic shock (bleeding AV fistula, **massive** GI bleed)
- Need for additional blood after 2 doses (if more blood is available)

All base orders outside protocol must be given by a base physician

Transfusion Reactions

Paramedics should stop transfusions for suspected transfusion reactions and should report to base if they encounter them.

Actions to take for suspected transfusion reaction:

STOP TRANSFUSION

Disconnect tubing from IV; flush IV port

Follow Treatment Protocols (e.g., 8001 Allergic Reaction, 8026 Resp Distress)