DOSES BELOW

Uncontrolled bleeding

START HERE · Activate major hemorrhage response
Call surgery and the blood bank. Control the source, maintain perfusion, warm the patient and obtain point-of-care tests.

↓

What is sustaining bleeding now?

Surgical source or shock	Prioritize surgical control and emergency blood release per hospital protocol. Treat hypothermia and check ionized calcium.
Diffuse bleeding with a specific deficit	Use viscoelastic tests and labs to target replacement. Recheck after each round. Use the factor concentrate guide for product-specific decisions. Coagulation factor concentrates during bleeding
Hyperfibrinolysis supported and clinically relevant	Discuss tranexamic acid under the transplant pathway. Review renal function and thrombotic risk.

DOSE AND ADMINISTRATION

Emergency blood components Local order	**Product units or pools per hospital major-hemorrhage protocol. For fibrinogen concentrate, see the factor concentrates card.** [18] [3]
Tranexamic acid · selected cases Local order	**Tranexamic acid IV dose per approved transplant pathway, taking renal function and thrombotic risk into account.** [3] [4]

Reassess and escalate · Track source control, perfusion, temperature, pH, calcium and clot stability. Stop empirical rounds when no longer needed.

Clinical scope · No universal fixed transfusion ratio, stable-patient hemoglobin target, VCM/TEG/ROTEM interchangeability or routine early cryoprecipitate is implied. Follow the hospital major-hemorrhage protocol.

Official algorithm

Sources [2] ILTS / LICAGE / SATA 2021 • [3] ESAIC perioperative bleeding 2023 • [4] Montalvá et al. 2022 • [11] NICE CG65 • [18] Lifeblood transfusion