

## MICU Treatment Protocol

### Blood Administration

Blood administration may be continued by MICU paramedic. If additional units are indicated they may be initiated as ordered by the sending facility.

#### Indications:

Type and cross for donor units for the following conditions:

1. Obvious large amount of blood loss
2. Active or recent GI bleeding
3. TAA or AAA
4. Hgb < 8 mg/dl or Hct < 25%

Administration of blood (universal donor indicated) may be performed if delay for type and cross is determined to be potentially detrimental to the patient.

#### Adverse Effects:

Consider termination if:

1. Signs of anaphylaxis
2. CP, DIB, decreased BP and bleeding (may suggest hemolytic reaction).
3. Monitor fluid output and color (dark may suggest hemoglobinuria).

Contact sending facility physician, on-call MICU physician or medical control if:

1. Patient becomes febrile, i.e., one or two degrees Fahrenheit above baseline (document temperature at least twice during treatment, once at the sending facility and once before arrival at receiving facility).

#### Administration

Typically wide-open for management of shock or hemorrhage, otherwise as per medical direction.

#### MICU Directives:

1. Follow generalized protocol for MICU transports.
2. Use large bore tubing (blood Y tube) and catheters in large veins.
3. Warm crystalloid prior to administrations.
4. Use isotonic solution only.
5. Pressure bag may be indicated.

MCA Approved	05/01			
Implement	05/01			