Guide for transfusion of blood and blood product in Abruption

By Kousalya Chakravarthy

Abruption with IUD and coagulopathy

1. Fibrinogen <200, INR 1.5 – 2.0, Hb >8.0 and platelet count>1.0lakh) for vaginal delivery
    a. Monitor vitals; Foley's with urometer. hourly Urine output ≥ 30ml
    b. Platelet count, S. creatinine, PT, INR, APTT every 4 – 6 hrs.
    c. If hypertensive – control BP with Labetalol /nifedipine
    d. Transfuse 4-6 FFPs at 7-8 cms cervical dilatation 2 PRBC in hand.
    e. AMTSL + EAAC +Tranexamic acid 1gm IV followed by 1 gm after 30 minutes
    f. REPLACE the blood loss at delivery with PRBC (2 - 4 PRBC)
    g. Calcium gluconate 30ml in 100 ml NS IV over 30 min
2. Fibrinogen <100, INR >2.0, if for vaginal delivery (Hb >8.0 and platelet count 50000-1.0lakh)
    a. Monitor vitals; Foley's with urometer. hourly Urine output ≥ 30ml
    b. CBC, S.creatinine, SGPT / SGOT, LDH, PT, INR, APTT every 4 – 6 hrs.
    c. Transfuse 6 FFPs and 10 cryoprecipitate at 7- 8cms cervical dilatation (optimize the patient before delivery) 2 PRBC in hand.
    d. AMTSL + EAAC+ Tranexamic acid 1gm IV followed by 1 gm after 30 minutes
    e. REPLACE the blood loss with PRBC (4 -6 PRBC)
3. Fibrinogen <100, INR >2.0, Hb < 7.0 and platelet count < 70,000 for emergency LSCS
    a. Monitor vitals / immediate delivery
    b. MTP 1:1:1:1SDP. Transfuse ISDP/6RDPs, 6 FFPs and 10 cryoprecipitate,6 PRBC, and continue replacement of ongoing blood loss with blood and blood products.
    c. Tranexamic acid 1gm IV followed by 1 gm after 30 minutes
    d. Definitive management of cause of bleeding – Hysterectomy as needed.
    e. Monitor urine output. Maintain > 30ml/hour.
    f. Postpartum monitor CBC, fibrinogen, PT, INR, S. creatinine, SGPT / SGOT, LDH, APTT
4. Supplement calcium 30gms IV over 30minutes in all cases of PRBC transfusion>3, all cases of transfusion f FFPs and Cryoprecipitate.
5. STOP transfusion if the PPH/ bleeding has stopped. Further transfusion should be based on clinical reassessment and laboratory derangement.

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