Patient presents with active, non-compressible bleeding:
- > than 4 hours will elapse till transfer to appropriate shoreside medical facility
- Hb < 10.0 grms/dl

INITIATE:
- ICU level monitoring
- IV fluid to maintain MAP > 75 mmHg (Permissive Hypotension)
- 4 hrly CBC/FBC/INR / Ionized Calcium
- Alert Captain
- Consider Tranexamic Acid (TXA) (Note 2)
- Consider Vitamin K if on warfarin
- Complete Eldon card screening of patient
- If later than 17.00 hrs local time call for blood donors (see Note 1 below)
- Routine disembark to shoreside hospital at next port/avoid helicopter use

Hemodynamically Stable

Develops Hemodynamic Instability

Hemodynamically Unstable

If still Bleeding and/or Hemodynamically Unstable

RE-ASSESS AFTER 1st UNIT OF FWB

Consideration should be given to ensuring that identified Group O negative or O positive donors can be contacted should they be required to report to medical center to donate blood, without the need for ship-wide public address announcements after 21.00 hrs local time.

A loading dose of Tranexamic Acid (Cyklokapron) should be mixed 1 gram in 100 ccs of 0.9% normal saline and administered over 10 minutes. (no faster than 100mgs/min)
If a maintenance infusion is required a further 1.0 gram is diluted in 100 ccs of 0.9% normal saline and administered over 4 hours.
Use of Tranexamic Acid in stable patient requires risk/benefit analysis, i.e. risk of continuing bleeding vs inducing thrombotic event.

Note 1
Note 2
Note 3

Compatible Donor Request Hierarchy
1. Sexual partners
2. Male guests with blood donor cards
3. Male guests without blood donor cards
4. Female donors with blood donor cards
5. Medical team members
6. Crew

Note: blood donated by genetically related family members increases risk of Graft vs Host Disease. Female donors increase risk of Transfusion Related Acute Lung Injury (TRALI). Only take one unit from each donor, after ensuring that the donor is not already anemic.