

C. Patient Care Procedures

LTO+WB will be carried and administered by the EMS Duty Officer (EMSDO). While efforts will be made to have EMSDOs responding early on incidents where LTO+WB may be needed, there will be times where the EMSDO is not responding to a patient who could benefit from LTO+WB.

- Field clinicians should request EMSDO dispatch early when a patient may benefit from LTO+WB.
- Field clinicians may request EMSDO notification prior to patient contact when dispatch information indicates a patient may benefit from LTO+WB.
- There is evidence to support that delaying transport to wait for EMSDO arrival or rendezvous with an EMSDO to facilitate LTO+WB administration is beneficial in certain cases, especially as the length of transport increases.

Administration Procedure

- 1. When possible, obtain Informed Consent from the patient for LTO+WB transfusion.**
 - a. If the patient lacks capacity and no authorized decision maker is present, look for other signs of expressed wishes against blood transfusions like wallet cards or medic-alert bracelets. If none are present, administer LTO+WB transfusion under the principle of implied consent.
- 2. Gather all necessary supplies for LTO+WB administration, to include:**
 - a. One (1) unit of LTO+WB
 - b. 250 mL Normal Saline (NS)
 - c. LifeFlow filtered “Y” blood administration tubing and volume infuser
 - d. QinFlow Warrior Lite fluid warming device
- 3. Confirm patient condition and LTO+WB suitability for infusion (done concurrently with equipment preparation)**
 - a. Obtain at least one pre-infusion set of vital signs.
 - b. Establish a dedicated large bore IV (preferred) or proximal IO.
 - c. If only one unit of LTO+WB is on scene call for a second EMSDO.
 - d. Ensure the Hemo-Trac temperature monitoring device reads “green.”



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4. Prepare equipment for infusion:

A large gauge IV is preferred for rapid infusion

- a. Clamp both sides of the blood administration tubing
- b. Connect NS to one side of the blood administration tubing
- c. Connect the distal end to the QinFlow CDU
- d. Unclamp and prime all tubing with NS
- e. Ensure QinFlow is powered on and warming the NS
- f. Clamp the NS tubing
- g. Spike LTO+WB unit, open the clamp and prime the chamber

5. Infuse blood per Maryland Medical Protocol using the LifeFlow Plus volume infuser.

Once the whole blood unit is spiked it must be transfused or discarded within four hours.

6. Place a bracelet on the patient's extremity to indicate that LTO+WB was administered.

Post-Administration Procedure

1. Upon arrival at the hospital notify the receiving team that the patient received an LTO+WB transfusion.
2. Complete the JotForm to include a picture of the LTO+WB blood unit.
3. Transfer any administered LTO+WB blood units and their attached segments to the receiving hospital.
4. Make explicit notification to the receiving hospital in the event of a suspected transfusion reaction. A post transfusion reaction workup will be performed by the blood bank of the receiving hospital.
5. Notify on duty EMSDOs of the LTO+WB administration and deficiency in your supply.

Documentation

1. In eMeds, the administration of LTO+WB shall be documented by the Primary Clinician in the Medication Given Grid (Clinician Actions > Medications) as "Blood Products".
2. The EMSDO will document administration at this form link:
<https://mcfrs.jotform.com/241544489076869>
3. The **LTO+WB Process Owner** will upload the LTO+WB administration form submission pdf file to the ePCR.
4. **Mutual Aid**. The upgrading ALS clinician must complete an eMeds report when upgrading an out of county transport unit with a LTO+WB administration.