



Major Haemorrhage □ Follow the hospital protocol. Following initial resuscitation use TEG as a guide for subsequent blood components.

The MA is usually normal if the patient is on aspirin/clopidogrel - perform platelet mapping to assess level of inhibition

Consider surgical re-exploration if the patient is bleeding, has a normal TEG and is **not** taking antiplatelet therapy

The combination of R>14, MA< 42, K>6 / alpha angle <40 represents a severely hypocoagulable state and will require treatment with FFP, cryoprecipitate and platelets. If ionised calcium is low- give 5 ml 10 % calcium gluconate (slow iv through separate access). On-going bleeding may require treatment with fibrinogen concentrate, prothrombin complex concentrate (PCC), rFVIIa – consult haematology.

TEG □step down□ (discontinue with further TEG testing and reference to this algorithm) when the following have been achieved:
 1) Adequate volume resuscitation
 2) Surgical haemostasis
 3) Normalisation of temperature & pH
 4) No clinical evidence of coagulopathy
Following major haemorrhage (eg trauma, vascular) aim for normal TEG parameters