TEAM UP. THINK FAST. SCORE BIG.

CRITICAL BLEEDING SHOWDOWN

BloodSafe®
ELEARNING AUSTRALIA

Teams compete to answer questions related to critical bleeding in a game show-style format. The goal is to earn the most points by answering questions correctly.

GAME SETUP

CARD SET UP

- The game board consists of six categories, each with five questions of increasing difficulty.
- At the top of a board (or table), group the cards by categories (e.g. essentials, pathophysiology etc.) and in descending order (e.g. from 200 – 1000).

ASSIGNING TEAMS

- Players are divided into two or more teams.
- Decide the order in which team will play.
- Teams take turns selecting a question from the board.

GAME PLAY

CHOOSING A QUESTION

- The team whose turn it is selects a category and point value (e.g., "Major Haemorrhage Protocol for 400").
- The host (or facilitator) removes the cards and reads the question aloud.

ANSWERING

- The first team has **15 seconds** to respond.
- Correct answers earn the assigned points
- Incorrect answers allow other teams to have a chance to earn those points by buzzing in.
- If the answer is incorrect again, all teams have the chance to answer and earn those points by buzzing in.

WINNING THE GAME

- The team with the most points at the end wins.
- In case of a tie, a sudden-death question is asked—the answer closest wins.

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CARD SET UP

Layout cards as exampled below on a flat surface, red side facing up.

	ESSENTIALS	PATHOPHYSIOLOGY	RECOGNISING CRITICAL BLEEDING	MAJOR HAEMORRHAGE PROTOCOL	EMERGENCY USE OF GROUP O RED BLOOD CELLS	MANAGING CRITICAL BLEEDING
200						
400						
600						
800						
1000						

CARD 1 | COURSE 1

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CRITICAL BLEEDING SHOWDOWN

2000

ESSENTIALS

QUESTION:

What protocol is activated when a patient is experiencing a critical bleed?

ANSWER:

Major Haemorrhage Protocol (MHP).

CARD 1 | COURSE 2

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CRITICAL BLEEDING SHOWDOWN

200

PATHOPHYSIOLOGY

QUESTION:

The combination of hypothermia, coagulopathy and acidosis, commonly seen in patients with critical bleeding, is known as?

ANSWER:

The lethal triad.

CARD 1 | COURSE 3

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CRITICAL BLEEDING SHOWDOWN

200

RECOGNISING CRITICAL BLEEDING

QUESTION:

When managing critical bleeding,
what is the most important priority?

ANSWER:
Stopping the bleeding.

CARD 1 | COURSE 4

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CRITICAL BLEEDING SHOWDOWN

2000

MAJOR HAEMORRHAGE PROTOCOL

QUESTION:

What is the minimum transfusion ratio of RBC:FFP:PLT recommended during critical bleeding?

ANSWER:

At least 2:1:1

CARD 1 | COURSE 5

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CRITICAL BLEEDING SHOWDOWN

200

EMERGENCY USE OF GROUP O RED BLOOD CELLS

QUESTION:

What blood group has traditionally been used for all emergency transfusions?

ANSWER:

Group O RhD negative red cells.

CARD 1 | COURSE 6

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CRITICAL BLEEDING SHOWDOWN

200

MANAGING
CRITICAL BLEEDING

QUESTION:

What is the resuscitation strategy that focuses on rapid correction of physiological derangements whilst minimising ongoing bleeding?

ANSWER:

Damage control resuscitation.

CARD 2 | COURSE 1

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CRITICAL BLEEDING SHOWDOWN

007

ESSENTIALS

QUESTION:

In the initial C-ABCDE assessment, what does the “first C” stand for?

ANSWER:
Catastrophic haemorrhage.

CARD 2 | COURSE 2

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CRITICAL BLEEDING SHOWDOWN

007

PATHOPHYSIOLOGY

QUESTION:

This blood component is primarily used to increase fibrinogen levels in patients with critical bleeding.

ANSWER:
Cryoprecipitate.

CARD 2 | COURSE 3

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CRITICAL BLEEDING SHOWDOWN

007

RECOGNISING CRITICAL BLEEDING

QUESTION:

This sign, characterised by delayed return of colour to the nail bed after pressure, can indicate hypoperfusion.

ANSWER:
Delayed capillary refill.

CARD 2 | COURSE 4

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CRITICAL BLEEDING SHOWDOWN

007

MAJOR HAEMORRHAGE PROTOCOL

QUESTION:

This process, conducted after an MHP event, helps identify areas for improvement and provides emotional support for staff.

ANSWER:
Debriefing.

CARD 2 | COURSE 5

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CRITICAL BLEEDING SHOWDOWN

007

EMERGENCY USE OF GROUP O RED BLOOD CELLS

QUESTION:

As a lifesaving measure in a critical bleeding emergency what blood group is recommended for females over 50 years and all adult males over 18 years when the blood group is unknown?

ANSWER:

Group O RhD positive red cells.

CARD 2 | COURSE 6

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CRITICAL BLEEDING SHOWDOWN

007

MANAGING
CRITICAL BLEEDING

QUESTION:

What emergency device is used to control critical bleeding by inflating a balloon within a body cavity or vessel to apply direct pressure?

ANSWER:
Balloon Tamponade.

CARD 3 | COURSE 1

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CRITICAL BLEEDING SHOWDOWN

009

ESSENTIALS

QUESTION:

This device may be used on limbs to control critical bleeding when direct pressure fails.

ANSWER:
Tourniquet.

CARD 3 | COURSE 2

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CRITICAL BLEEDING SHOWDOWN

009

PATHOPHYSIOLOGY

QUESTION:

Reduced oxygen delivery and cellular hypoperfusion in a critical bleed results in this metabolic condition?

ANSWER:
Metabolic acidosis.

CARD 3 | COURSE 3

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CRITICAL BLEEDING SHOWDOWN

009

RECOGNISING CRITICAL BLEEDING

QUESTION:

This diagnostic tool provides a real-time assessment of coagulation and helps guide blood component therapy?

ANSWER:
Viscoelastic haemostatic assays (VHA).

CARD 3 | COURSE 4

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CRITICAL BLEEDING SHOWDOWN

009

MAJOR HAEMORRHAGE PROTOCOL

QUESTION:

It is recommended repeating laboratory parameters after how many units of red cells transfused?

ANSWER:
Every 4 units.

CARD 3 | COURSE 5

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CRITICAL BLEEDING SHOWDOWN

009

EMERGENCY USE OF GROUP O RED BLOOD CELLS

QUESTION:

As a lifesaving measure in a critical bleeding emergency what blood group is recommended for females under 50 years and paediatric males under 18 years when the blood group is unknown?

ANSWER:

Group O RhD negative red cells.

CARD 3 | COURSE 6

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CRITICAL BLEEDING SHOWDOWN

009

MANAGING
CRITICAL BLEEDING

QUESTION:

Which blood conservation technique involves collecting, processing, and reinfusing a patient's own blood lost during surgery to minimise the need for allogeneic transfusion?

ANSWER:

Cell salvage.

CARD 4 | COURSE 1

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CRITICAL BLEEDING SHOWDOWN

008

ESSENTIALS

QUESTION:

What is the target minimum urine output to assess adequate perfusion in a patient with critical bleeding?

ANSWER:
0.5mL/kg/hour.

CARD 4 | COURSE 2

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CRITICAL BLEEDING SHOWDOWN

008

PATHOPHYSIOLOGY

QUESTION:

This hormone is released by the adrenal glands, increases heart rate and cardiac contraction to improve oxygen delivery during shock?

ANSWER:

Adrenaline (epinephrine).

CARD 4 | COURSE 3

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CRITICAL BLEEDING SHOWDOWN

008

RECOGNISING CRITICAL BLEEDING

QUESTION:

This imaging technique is preferred in unstable patients for detecting free fluid, typically from critical bleeding.

ANSWER:
e-FAST.

CARD 4 | COURSE 4

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CRITICAL BLEEDING SHOWDOWN

808

MAJOR HAEMORRHAGE PROTOCOL

QUESTION:

What product in addition to vitamin K, is used for urgent reversal of warfarin in a critically bleeding patient?

ANSWER:
Prothrombin complex concentrate (Beriplex).

CARD 4 | COURSE 5

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CRITICAL BLEEDING SHOWDOWN

008

EMERGENCY USE OF GROUP O RED BLOOD CELLS

QUESTION:

What action must be taken as soon as possible to permit urgent ABO RhD grouping to reduce the need for uncrossmatched group O red cells?

ANSWER: A pretransfusion specimen and completed matching request form for blood group and crossmatched red cells sent to laboratory.

CARD 4 | COURSE 6

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CRITICAL BLEEDING SHOWDOWN

008

MANAGING
CRITICAL BLEEDING

QUESTION:

When should tranexamic acid (TXA) be administered in a critical bleeding trauma patient?

ANSWER:

Within three hours from injury.

CARD 5 | COURSE 1

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CRITICAL BLEEDING SHOWDOWN

1000

ESSENTIALS

QUESTION:

An increase in this marker suggests metabolic acidosis due to inadequate oxygenation?

ANSWER:

Serum Lactate.

CARD 5 | COURSE 2

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CRITICAL BLEEDING SHOWDOWN

1000

PATHOPHYSIOLOGY

QUESTION:

What is the purpose of vasoconstriction as an initial response to acute blood loss?

ANSWER:
To maintain oxygen delivery to vital organs (heart and brain).

CARD 5 | COURSE 3

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CRITICAL BLEEDING SHOWDOWN

1000

RECOGNISING
CRITICAL BLEEDING

QUESTION:

In hypovolaemic shock, pulse pressure is considered narrow if it is less than what percentage of the systolic blood pressure?

ANSWER:
25%

CARD 5 | COURSE 4

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CRITICAL BLEEDING SHOWDOWN

1000

MAJOR HAEMORRHAGE PROTOCOL

QUESTION:

What blood component contains all coagulation factors (F) including FVIII and FV?

ANSWER:
Fresh frozen plasma.

CARD 5 | COURSE 5

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CRITICAL BLEEDING SHOWDOWN

1000

EMERGENCY USE OF GROUP O RED BLOOD CELLS

QUESTION:

What happens as soon as possible once a confirmed blood group is obtained?

ANSWER:
Transfuse ABO and RhD group specific or group compatible red cells.

CARD 5 | COURSE 6

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CRITICAL BLEEDING SHOWDOWN

1000

MANAGING
CRITICAL BLEEDING

QUESTION:

In patients requiring critical bleeding management, this parameter should be maintained at or above 1 mmol/L to prevent coagulopathy.

ANSWER:

Ionised calcium.

SUDDEN DEATH... DUN, DUN, DUN

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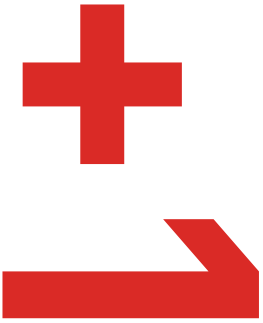
CRITICAL BLEEDING SHOWDOWN



SUDDEN DEATH QUESTION

QUESTION:

What is the percentage of massive transfusion events in Australia that are attributed to trauma?

ANSWER:
23.5%