

ILLUSTRATED STEPS / SAVE IT. FIND IT. BUILD IT.

BLOOD TRANSFUSION

The clinical science + five useful bleeding-emergency actions.



START HERE

01

GET READY

Tools + clickable build map

02

FOLLOW THE STEPS

One clearly numbered stage at a time

03

FIND IT AGAIN

Quick reference + PDF bookmarks

The video's improvised transfusion is unsafe. Learn the real safeguards and five bystander actions while professional help is coming. No transfusion procedure.

NUKE ON TIKTOK

MORE FREE BUILD GUIDES

SOURCES / NHS: transfusion · Red Cross: severe bleeding

BUILD MAP

NEXT

YOUR BUILD MAP

Tap a step to jump there. The printed page numbers work offline too.

HAVE THESE READY

- Phone and exact location
- Trusted adult / emergency dispatcher
- Gloves or a barrier if available
- Gauze or a clean cloth
- Blanket and accessible first-aid kit

BEFORE YOU START

Clinical science and lay bleeding first aid. No DIY matching, collection or transfusion. Severe bleeding: call emergency services and begin pressure immediately.

KEEP THIS COPY

Save the PDF with its guide ID. Use the build map, bookmarks, or your PDF reader's search to find a step later. Video and source links need internet; the instructions do not.

READ IN ORDER

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QUICK REFERENCE / PAGE 12

SETUP

What a transfusion replaces

READ BEFORE STEP 01

PREP

Clinicians choose the component for the patient's problem.



DIFFERENT PARTS, DIFFERENT JOBS

- **Red-cell transfusions can treat too few healthy red blood cells.**
- Platelets and plasma may help with clotting problems.
- A transfusion is treatment chosen for an individual patient.

A PROTECTED SUPPLY CHAIN

- **Donation involves donor checks, labeling, processing and infection testing.**
- Suitable components are stored under controlled conditions before clinical use.
- Color and a donor's confidence cannot establish safety.

SOURCES / NHS: transfusion · Red Cross: blood journey

BUILD MAP

PREVIOUS

NEXT

SETUP

Correct the cartoon shortcuts

READ BEFORE STEP 01

PREP

Do not copy the episode's blood-mixing, alcohol or cloth methods.



APPEARANCE IS NOT A MATCH

- **Compatibility requires laboratory testing.**
- A smooth-looking saltwater mixture cannot prove a match.
- O-negative refers to broad red-cell compatibility; not every blood component is universally suitable.

CLEAN IS NOT STERILE

- **Alcohol is not recommended for sterilizing medical instruments.**
- Moonshine, a cloth filter and donor-to-patient tubing cannot replace a tested blood product and professional transfusion system.
- Never improvise one.

SOURCES / Red Cross: blood types · CDC: alcohol / sterility · Red Cross: blood journey

BUILD MAP

PREVIOUS

NEXT

STEP

Call for emergency help

1 OF 5 / READ IN ORDER

01

A severe bleed needs action immediately.



CHECK THE SCENE

- **Approach only if safe.**
- Get a trusted adult.
- Use gloves or a barrier if available.
- Rapidly flowing or spurting blood, a growing pool, faintness or reduced responsiveness are urgent signs.

CALL AND ACT

- **Call 911 in the United States or your local emergency number.**
- Give the exact location and report severe bleeding.
- Use speakerphone; someone can bring the first-aid kit while pressure begins.

SOURCES / Red Cross: severe bleeding · AHA: first-aid guidance

STEP

Press firmly on the wound

2 OF 5 / READ IN ORDER

02

For an accessible external wound, begin steady direct pressure.



HOLD PRESSURE

- **Cover the bleeding spot with gauze or clean cloth and press firmly.**
- Do not repeatedly lift it to inspect.
- Leave embedded objects in place; press around them.

KEEP HELPING

- **Continue until bleeding stops, a responder relieves you or the scene becomes unsafe.**
- If blood soaks through, keep the original pad in place; avoid repeatedly stacking thick layers.
- Follow the emergency dispatcher.

SOURCES / Red Cross: severe bleeding

STEP

Get trained bleeding help

3 OF 5 / READ IN ORDER

03

Severe bleeding may need more than a pad.



ARM OR LEG EMERGENCY

- **Commercial tourniquets can control life-threatening limb bleeding.**
- Have a trained helper use one, or follow the emergency dispatcher's directions.
- Keep calling and applying pressure while equipment is found.

OTHER WOUND LOCATIONS

- **Wound packing is for appropriate wounds and trained responders.**
- This guide cannot replace hands-on instruction.
- Do not pack the chest or abdomen, use improvised tubing, or attempt a transfusion.

SOURCES / Red Cross: severe bleeding · AHA: first-aid guidance

BUILD MAP

PREVIOUS

NEXT

STEP

Watch breathing and warmth

4 OF 5 / READ IN ORDER

04

Stay with the person and update the dispatcher.



LOOK FOR CHANGES

- **Pale, cool or clammy skin, rapid breathing, weakness or altered alertness may signal shock.**
- Avoid unnecessary movement and follow the dispatcher's positioning advice.
- Keep the person comfortably warm.

IF THEY WORSEN

- **Give no food or drink.**
- Report loss of responsiveness or abnormal breathing immediately; follow dispatcher instructions, including CPR/AED guidance if needed.
- Continue bleeding care as directed.

SOURCES / Red Cross: shock · AHA: first-aid guidance

STEP

Give a clear handoff

5 OF 5 / READ IN ORDER

05

Responders need the story and the care already given.



SAY WHAT HAPPENED

- **Report injury time, wound location, changes in alertness or breathing and what you did.**
- Mention known medical information.
- If a tourniquet was applied, report the time if known; never invent one.

LET THE TEAM TAKE OVER

- **Keep pressure until relieved.**
- Do not connect equipment yourself.
- The clinical team decides whether a transfusion is needed and arranges it.
- Tell them promptly if anything changes.

SOURCES / Red Cross: severe bleeding · AHA: first-aid guidance · Red Cross: blood journey

NOTE

What the patient can expect

KEEP THESE LIMITS WITH THE STEPS

REF

An overview of professional care, not a procedure to copy.



BEFORE AND DURING

- **The team explains treatment and checks compatibility.**
- Staff monitor pulse, temperature and blood pressure.
- Report breathing trouble, chills, rash or feeling unwell immediately.
- Do not adjust equipment yourself.

AFTER LEAVING

- **Follow discharge instructions.**
- Mention the recent transfusion when seeking help for new symptoms.
- Severe breathing trouble, chest pain or swelling of the mouth or throat needs emergency help.

SOURCES / NHS: transfusion

NOTE

Prepare before an emergency

KEEP THESE LIMITS WITH THE STEPS

REF

The useful apocalypse upgrade is practical training.



KEEP A REACHABLE KIT

- **Store gloves, dressings, clean cloth, a blanket and emergency contacts together.**
- Choose reputable first-aid and bleeding-control training.
- Learn where the nearest AED is in places you use regularly.

SAVE A CONTACT CARD

- **Local emergency number:** _____.
- Location / access directions: _____.
- Trusted adult: _____.
- Use the final Quick Reference to find the five actions.
- Source links lead to original guidance.

SOURCES / Red Cross: severe bleeding · AHA: first-aid guidance · Red Cross: shock

QUICK REFERENCE

Read the full steps first. Tap any row to return to its instructions.

BEFORE STEP 01

Clinical science and lay bleeding first aid. No DIY matching, collection or transfusion.
Severe bleeding: call emergency services and begin pressure immediately.

- 01

Call emergency help

Safe scene first; report severe bleeding and the exact location.

P05
- 02

Apply direct pressure

Press firmly; leave embedded objects in place.

P06
- 03

Get trained bleeding help

Tourniquets and packing require appropriate training/guidance.

P07
- 04

Monitor and protect

Watch breathing, keep comfortably warm, give no food or drink.

P08
- 05

Hand over clearly

Report injury, changes and care; keep helping until relieved.

P09

NUKE SAYS

Prepared beats improvised.

SOURCES / Red Cross: severe bleeding · AHA: first-aid guidance · Red Cross: shock