Table a1: Overview of the Guidelines on Management of Severe Bleeding. Modified, based on the *Guidelines from the European Society of Anaesthesiology (ESA)* [21].

Optimising Macrocirculation - aggressive and timely stabilisation of cardiac preload - avoidance of hypervolemia with crystalloids or colloids […] beyond an optimal cardiac preload - against the use of central venous pressure and pulmonary artery occlusion pressure as the only variables to guide fluid therapy, […] optimise preload during severe bleeding, dynamic assessment of fluid responsiveness and non-invasive measurement of cardiac output should be considered - replacement of extracellular fluid losses with isotonic crystalloids in a timely and protocol-based manner - haemodynamic stabilization with iso-oncotic colloids, such as human albumin and hydroxyethyl starch - use of balanced solutions for crystalloids as a basic solute for iso-oncotic preparations
Transfusion triggers - a target haemoglobin concentration of 7–9g/dl during active bleeding - a restrictive transfusion strategy […] is beneficial in reducing exposure to allogeneic blood products
Oxygen fraction - inspiratory oxygen fraction should be high enough to prevent arterial hypoxaemia in bleeding patients, while avoiding extensive hyperoxia (PaO2>26.7 kPa [200 mmHg])
Monitoring tissue perfusion - repeated measurements of a combination of haematocrit/haemoglobin, serum lactate, and base deficit - extended by measurement of cardiac output, dynamic parameters of volume status (e.g. stroke volume variation, pulse pressure variation) and central venous oxygen saturation
Coagulation management / Antifibrinolytics and tranexamic acid
Correction of confounding factors