

WHY GIVE 2 WHEN 1 WILL DO?

Island Health is participating in **Using Blood Wisely**, a national campaign with a focus on reducing inappropriate red blood cell (RBC) transfusions using evidence-based guidelines.

HOW TO USE BLOOD WISELY: ALTERNATIVES TO BLOOD

- ✓ **Don't** give transfusion if other therapies are effective, e.g. IV iron therapy
- ✓ **Don't** transfuse RBCs in asymptomatic, non-bleeding patient with Hb > 70 g/L.

KEY PILLARS OF PATIENT BLOOD MANAGEMENT

- ✓ Minimize blood loss through:
 - Appropriate management of anticoagulation prior to surgery.
 - Only order clinically indicated lab work rather than routine.
 - Use reduced volume blood collection tubes.
 - Promptly investigate and treat source of bleeding.
- ✓ Diagnose and treat anemia.
 - Anemia is defined as Men Hb < 130 g/L and Women Hb < 120 g/L.
 - Iron deficiency can be present well before iron deficiency anemia is indicated.
 - Treat Iron deficiency first with oral iron therapy where appropriate. Typically takes 12 weeks+ to restore hemoglobin and iron stores – iron response can be predicted as early as two weeks after starting oral iron therapy to guide decision making.

TRANSFUSION RISKS TO PATIENTS

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| ✓ Transfusion associated circulatory overload. | ✓ RBC alloantibodies. |
| ✓ Transfusion-related acute lung injury. | ✓ Delayed hemolytic transfusion reactions. |
| ✓ Acute hemolytic transfusion reactions. | ✓ Anaphylaxis. |

GIVE ONE UNIT & REASSESS

- ✓ **Transfuse one unit at a time** over 2 to 4 hours.
- ✓ For patients > 65 years, impaired cardiac or renal function, use slower rate and furosemide IV pre-transfusion.
- ✓ Assess the outcome (clinical, Hb) before transfusing further.
- ✓ Each unit increases Hb ~ 10 g/L in non-bleeding patient.

Hb > 80 to 90 g/L

- **LIKELY INAPPROPRIATE** unless clear signs and symptoms of impaired tissue oxygen delivery.
- If transfusion is ordered clearly document indication in patient chart and discuss reasons with patient.

Hb < 80 g/L

- Consider transfusion in patients with pre-existing cardiovascular disease or evidence of impaired tissue oxygen delivery.
- Cardiac disease, elderly

Hb < 70 g/L

- Transfusion likely appropriate, transfuse 1 unit and recheck patient symptoms before giving 2nd unit.
- Younger patients may tolerate lower Hb (i.e. Hb < 60 g/L)

Bleeding Patient

- Maintain Hb > 70 g/L
- If pre-existing cardiovascular disease - maintain Hb > 80 g/L

To learn more visit the [Choosing Wisely page on the Medical Staff website](#)

For more information on transfusion guidelines at Island Health, visit the [Transfusion Medicine Intranet Page](#) *Island Health login required*

- [Best Practice Decision Support for RBC Transfusion](#)
- [Pre-Operative Transfusion Medicine Recommendations](#)