

TRANSFUSE SAFELY

Hgb >90g/L

STOP

Do NOT transfuse!
Unless patient is
symptomatic or
actively bleeding.

- The risks and benefits of transfusion should be considered in stable, non-bleeding patients with a hemoglobin >90 g/L.
- Patients who may benefit from transfusion with a Hgb >90g/L:
 - Patient is actively bleeding
 - Patient has symptoms of anemia (shortness of breath, chest pain, dizziness)

Hgb 70-90g/L

EVALUATE

Assess & Evaluate
symptoms & history.

- The AABB² suggests that transfusion decisions be influenced by symptoms as well as hemoglobin concentration (Grade: weak recommendation; low-quality evidence).
- The AABB² recommends adhering to a restrictive transfusion strategy (70 to 80 g/L) in hospitalized, stable patients (Grade: strong recommendation; high-quality evidence).
- The AABB² suggests adhering to a restrictive strategy in hospitalized patients with pre-existing cardiovascular disease and considering transfusion for patients with symptoms or a hemoglobin < 80 g/L (Grade: weak recommendation; moderate-quality evidence)

Why use 2 units
when 1 will do?

Hgb <70g/L

GO

A transfusion may be
beneficial.

- Transfusion should be considered at hemoglobin < 70 g/L.
- Don't transfuse more units of blood than absolutely necessary as each unit of blood carries risks. Single unit red cell transfusions should be the standard for non-bleeding, hospitalized patients. Additional units should only be prescribed after re-assessment of symptoms and hemoglobin.⁴

References:

1. <http://www.choosingwiselycanada.org/>
2. <http://www.annals.org> on 27 March 2012. Ann Intern Med. 2012;157:49-58.
3. <http://www.nacblood.ca/resources/guidelines/Companion-Document-May-28-2014.pdf>
4. <http://members.aabb.org/pbm/Documents/Choosing-Wisely-Five-Things-Physicians-and-Patients-Should-Question.pdf>



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