Perioperative Quick Reference: *December 2014* BloodSafe

Guidance on Red Cell Transfusion: Perioperative Patients

When in doubt, seek expert advice.

Guidance on transfusion practice can be found in the National Patient Blood Management (PBM) Guidelines (including quick reference guides & iPad apps) available at www.blood.gov.au

These include information on red cells, platelets, FFP & cryoprecipitate as well as blood management strategies such as specific therapies for anaemia, cell salvage & haemostatic agents.

⇒ **Patients with critical bleeding**, refer to hospital massive transfusion / critical bleeding protocols / algorithms & Critical Bleeding / Massive Transfusion PBM Guidelines (Module 1).

⇒ **Patients in critical care settings**, refer to the Critical Care PBM Guidelines (Module 4).

⇒ **Stable adult perioperative patients** (including peri-procedural), refer to the Perioperative PBM Guidelines (Module 2) & to red cell use information from these guidelines shown over the page.

⇒ **Stable adult medical patients**, refer to the Medical PBM Guidelines (Module 3).

⇒ **Obstetric & paediatric / neonatal patients,** refer to module 5 & 6 respectively (in progress).

⇒ **For warfarin reversal**, refer to hospital guidelines & current MJA guidelines (March 2013).

Red Cell Transfusion - General Practice Points (PP)

☑ **Red cell transfusion should NOT be dictated by Hb alone**, but should also be based on assessment of the patient's clinical status.

☑ **Where indicated, transfusion of a SINGLE UNIT of red cells, followed by clinical reassessment** to determine the need for further transfusion, is appropriate. This reassessment will also guide the decision on whether to retest the Hb.

☑ **In patients with iron deficiency anaemia (IDA), iron therapy is REQUIRED** to replenish iron stores regardless of whether a transfusion is indicated. See MJA Clinical Update on IDA (November 2010) for more information.

- ☑ EACH UNIT prescribed is an independent clinical decision
- ☑ Provide patient information
- ☑ Obtain & document informed consent
- ☑ Ensure positive patient identification at each step of the transfusion process

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Patients should be evaluated as early as possible preoperatively to manage & optimise Hb & iron stores. See preoperative Hb assessment & optimisation template (Module 2 - Section 5).

Practice Points for stable adult postoperative patients without critical bleeding:

- **Hb 70 - 100 g/L**, in postoperative patients with **acute myocardial** or **cerebrovascular ischaemia**, transfusion of a single unit of red cells, followed by reassessment of clinical efficacy, is appropriate.
- **Hb > 80 g/L**, postoperative red cell transfusion in the absence of acute myocardial or cerebrovascular ischaemia, may be inappropriate.
- **Hb ≥ 100 g/L**, patients should not receive a red cell transfusion.

In stable normovolaemic adult inpatients WITHOUT clinically significant bleeding

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Transfuse ONE unit

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Re-assess the patient

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Don't increase risks if no benefit

Reference

National Patient Blood Management (PBM) Guidelines (including quick reference guides & iPad apps) available at www.blood.gov.au

Australian Red Cross BLOOD SERVICE

Government of South Australia
SA Health