Perioperative Quick Reference: December 2014 BloodSafe

Guidance on Red Cell Transfusion: Perioperative Patients

When in doubt, seek expert advice.

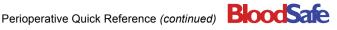
Guidance on transfusion practice can be found in the National Patient Blood Management (PBM) Guidelines (including quick reference quides & iPad apps) available at www.blood.gov.au

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:

- O Hb 70 100 α/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.
- O Hb > 80 α/L, postoperative red cell transfusion in the absence of acute myocardial or cerebrovascular ischaemia, may be inappropriate.
- O Hb ≥ 100 g/L, patients should not receive a red cell transfusion.

In stable normovolaemic adult inpatients WITHOUT clinically significant bleeding



Transfuse ONE unit

Re-assess the patient

Don't increase risks if no benefit

Reference

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



