



BLOOD PRODUCT SHORTAGES DURING COVID-19: You can make a difference

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| #1 | Follow RBC Guidelines | <ul style="list-style-type: none"> • A restrictive transfusion strategy Hb >70g/L is recommended except for the following patient groups: <ul style="list-style-type: none"> • Acute coronary syndrome: Hb > 80g/L • Haem/Oncology patients: Hb > 80g/L • Thalassaemia major patients aim for trough of 100 g/L • For stable, normovolaemic inpatients who do not have clinically significant bleeding: transfuse 1 unit at a time with ongoing assessment. • Do not transfuse RBC for iron deficiency. • Uncrossmatched O Negative RBC reserved only for life-threatening situations where pretransfusion testing is not possible. |
| #2 | Follow Platelet Guidelines | <ul style="list-style-type: none"> • Prophylactic platelet transfusion generally not required when platelets $\geq 20 \times 10^9 /L$ • Therapeutic platelet transfusions vary with clinical indication. Follow published guidelines |
| #3 | Carefully consider FFP | <ul style="list-style-type: none"> • Treat bleeding/symptoms not numbers • FFP does not improve mildly elevated INRs (<1.8) and is not clinically indicated. • Correction of mildly elevated INRs or PTTs before most procedures is not recommended.¹ • Non-bleeding patients with cirrhosis or end stage liver disease rarely need FFP (including pre-procedure) Guidelines for coagulation parameters in cirrhotic patients. • FFP or Prothrombinex-VF (lower volume) for active bleeding in setting of known or suspected coagulation abnormalities • Warfarin reversal: Prothrombinex-VF (Warfarin Reversal Guidelines) |
| #4 | Avoid iatrogenic anaemia | <ul style="list-style-type: none"> • Don't perform laboratory testing unless clinically indicated or necessary for diagnosis or management • Prevent repeat tests – get it right the first time. |
| #5 | TXA for haemorrhage control | <ul style="list-style-type: none"> • Use tranexamic acid (TXA) early for trauma, TBI, orthopaedic surgery and obstetric haemorrhage. |
| #6 | Avoid preventable wastage | <ul style="list-style-type: none"> • If blood products are required pre/intra procedure confirm that this procedure is proceeding prior to requesting. • Meticulous attention to the transport and storage of blood products: <ul style="list-style-type: none"> • Can't be transfused immediately: return to blood bank within 30 mins of issue • Outside 30 mins but may still be required for transfusion - unit can be kept in the clinical area for 4 hours. If not transfused return to blood bank. |

1. Society of Interventional Radiology Consensus [Guidelines for the Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions](#)
2. Red Cross Lifeblood at: <https://transfusion.com.au/>
3. PBM Guidelines at: <http://inside.wh.org.au/departmentsandservices/BloodProductsTranfusion/Pages/PBM-Guidelines.aspx>



If you feel well and can please donate blood: <https://www.donateblood.com.au/donate>