Western Health

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

#1 Follow RBC Guidelines

- A restrictive transfusion strategy Hb >70g/L is recommended except for the following patient groups:
  - 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

- Prophylactic platelet transfusion generally not required when platelets ≥ 20 x 10^9/L
- Therapeutic platelet transfusions vary with clinical indication. Follow published guidelines

#3 Carefully consider FFP

- 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

- 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

- Use tranexamic acid (TXA) early for trauma, TBI, orthopaedic surgery and obstetric haemorrhage.

#6 Avoid preventable wastage

- 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:
  - 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

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