

Single Unit Blood Transfusion

Only **ONE unit of blood** should be ordered if the inpatient does not have clinically significant bleeding

Each unit transfused is an independent clinical decision

Second unit can be requested after patient has been assessed and remains symptomatic

Indications for a second unit:

- ◆ Active blood loss
- ◆ Ongoing symptoms of anaemia

For more information on patient blood management visit www.blood.gov.au/pbm-guidelines to access the latest guidelines.



SINGLE Unit Blood Transfusions
reduce the risk of an adverse reaction

Don't give two without review



THINK!

- ◆ Is your patient symptomatic?
- ◆ Is the transfusion appropriate?
- ◆ What is the haemoglobin trigger level?
- ◆ What is the patient's target haemoglobin level?

“Why give 2 when 1 will do?”
Single Unit RBC Transfusion

 **Choosing Wisely**

An initiative of the ABIM Foundation

Single unit red cell transfusions should be the standard for non-bleeding, hospitalized patients.

- 7 g/dL threshold for stable patients
- 8 g/dL threshold for stable patients with cardiovascular disease

Don't transfuse more units of blood than absolutely necessary.

AABB: Five Things Physicians and patients Should Question, April, 2014

<http://www.choosingwisely.org/societies/american-association-of-blood-banks/>

Una bossa pot ser suficient



Grup PBM-Comissió d'Hemoteràpia