



**Five Things Physicians  
and Patients Should Question**

**1. Don't Transfuse More Units of Blood than Absolutely Necessary.**

- A. Hemoglobin threshold 7.0-8.0 g/dL for stable, non-bleeding patients.
- B. Threshold of 8.0g/dL in patients with cardiovascular disease
- C. Decisions based on symptoms of anemia and hemoglobin concentration.
- D. Single unit RBC transfusions orders
- E. Re-assess your patient after the first unit before ordering more products

**2. Don't Transfuse RBC for Iron Deficiency Without Hemodynamic Instability.**

- A. Pre-operative patients with iron deficiency (even with low hemoglobin levels) should be given oral or IV iron.

**3. Don't Routinely Use Blood Products to Reverse Warfarin**

- A. Patients requiring warfarin reversal may be reversed with vitamin K alone. PCC or plasma should only be used for patients with serious bleeding or requiring emergency surgery.

**4. Don't Perform Serial Blood Counts on Clinically Stable Patients**

- A. Transfusion of RBC or platelets should be based on the first laboratory value of the day unless the patient is bleeding or otherwise unstable. Multiple blood draws can lead to excessive phlebotomy and unnecessary transfusions.

**5. Don't Transfuse O Negative Blood Inappropriately**

- A. O negative is in chronic short supply due to overutilization for patients who are not O negative or non-emergencies.
- B. Should be restricted to O Negative Patients and Emergencies (women of child bearing age & unknown blood group only)

**Transfusion Practice Guidelines (TPG) Within Reach**

TPG Mobile App Version 3.0

Download the TPG Mobile App for up-to-date information on blood product therapy and transfusion strategies. The American Red Cross regularly updates the APP to ensure that you have the latest information on transfusion practice guidelines and product information readily available, 24/7.

The App is **FREE** and available for download on Apple® and Android™



**Focus on Your Patient, NOT the Transfusion**

1. Restrictive threshold 7.0-8.0 g/dL for stable, non-bleeding patients.
2. Transfusion decisions should be based on symptoms of anemia and hemoglobin concentration.
3. Single unit RBC transfusions orders are the standard for all non-bleeding patients.
4. Always re-assess your patient after the first unit has been transfused before ordering a second unit.
5. Investigate and treat pre-operative anemia at least 2-4 weeks prior to surgical procedures.

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