



## Capital Health

**BLOOD TRANSFUSION SERVICE**  
Dept. of Pathology and Laboratory Medicine

### MEMORANDUM

**To:** CDHA Medical Staff, CDHA Health Service Managers, CDHA Nurse Educators

**From:** Dr. Irene Sadek, MD, FRCP(C), Medical Director, Blood Transfusion Service (BTS)  
Joan MacLeod, MLT, DBA, District Technical Manager, BTS

**Date:** January 2nd, 2013

**RE:** Transfusion of ONE Red Cell Unit at a time for  
Elective Non-Bleeding Stable Anemic Patients

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Consistent with the mandate and standard operating procedures for Capital Health -Blood Transfusion Services, specifically in relation to utilization of and clinical standards for the release of blood products from the Service, effective Wednesday January 7, 2013, Blood Transfusion Service will, subject to the exceptions outlined below, be requesting a reassessment of the patient after transfusion of one unit of red blood cells in elective non bleeding stable patients before issuing a second unit of red blood cells for transfusion.

This new policy is based on the National and International recommendations that red cell transfusion should be administered on a unit-by-unit basis and according to clinical judgement. As outlined in the recently published American Association of Blood Bank (AABB) Clinical Practice Guideline on Red Cell Transfusion, patient re-assessment should be based on the clinical symptoms as well as the hemoglobin levels.

Healthcare professionals requesting a 2<sup>nd</sup> unit of red cell for transfusion will need to ensure a post transfusion CBC result is available or that there is a continued clinical indication for the administration of red blood cells prior to the 2<sup>nd</sup> red cell unit request. Requests for red cell transfusion for patients where these criteria have not been completed will require consultation with the Blood Transfusion Hematopathologist before issuing the second red cell unit.

Adherence to these recommendations will improve red blood cell utilization and reduce the potential risk of adverse transfusion events.

This process will be applied to all elective non-bleeding stable patients within Capital Health - with the exception of patients in the Operating Rooms, Medical Day Units, outpatient clinics and 8<sup>th</sup> floor Hematology.

**We note our understanding that consideration is currently underway for a Capital Health applicable clinical policy in relation to red blood cell transfusion and that there will be appropriate consultation with clinical staff in relation to this.**

Thank you for your continued support as we move forward to ensure transfusion appropriateness and continue to enhance quality patient care. If you have any questions, please contact Dr. Irene Sadek, BTS Medical Director, @ 473-8471 or via email, [irene.sadek@cdha.nshealth.ca](mailto:irene.sadek@cdha.nshealth.ca) , or Joan MacLeod, BTS Technical Manager, @ 473-8260 or via email, [joan.macleod@cdha.nshealth.ca](mailto:joan.macleod@cdha.nshealth.ca).



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#### References

1-Jeffrey L. Carson et al. Red blood Cell Transfusion; A clinical Practice Guideline from the AABB. Ann of Intern Med 2012 jul 3; 157(1):49-58 . 2- Practice strategies for elective red blood cell transfusion. American College of Physicians. Ann Int Med 1992 Mar 1; 116 (5):403-6