RED BLOOD CELL (RBC) GUIDELINES ADULTS **EXHIBIT D-3**

Clinical practice guidelines and recommendations are not considered to be standards or absolute requirements. They do not apply to all individual transfusion decisions. Clinical judgment is critical in the decision to transfuse; therefore, red cell transfusion above or below the specified hemoglobin threshold may be dictated by the clinical context

RBCs may be indicated
Hemoglobin ≤7 g/dl in patients • Stable non-bleeding patients with no clinical symptoms attributable to anemia • On a ventilator • With stable cardiovascular disease • Who are postoperative (higher hemoglobin if risk of end-organ ischemia)
Hemoglobin ≤ 8 g/dl in patients • With acute hemorrhage (>/= 30% TBV) & hemodynamic instability or inadequate O2 delivery • With acute myocardial infarction, ST changes on EKG, and/or unstable angina
Hemoglobin ≤ 10 g/dl in patients • With symptoms attributable to anemia (e.g., tachycardia, dyspnea, hypotension, altered mental status)
RBCs are almost never indicated when • Hemoglobin is > 10
• **Do Not Transfuse** based solely on Hemoglobin trigger. Transfuse based on patient's intravascular volume status, evidence of shock, acuity of anemia & cardiopulmonary physiologic parameter • In the absence of acute hemorrhage, transfuse RBCs in single unit increments followed by clinical laboratory assessment

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References

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