Transfusion Guidelines

Red Blood Cells

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| Laboratory Result | Recommendation | Comments |
| Hemoglobin >10 g/dL | Red cell transfusion not indicated | There may be exceptional circumstances where red cell transfusion could be considered. |
| Hemoglobin 8-10 g/dL | Red cell transfusion not indicated unless specific circumstances (clinically important signs or symptoms of anemia or ongoing bleeding) are present | Consider transfusion for patients with pre-existing cardiovascular disease who have the following symptoms: chest pain, orthostatic hypotension or tachycardia unresponsive to fluid resuscitation, or congestive heart failure. |
| Hemoglobin 7-8 g/dL | Red cell transfusion should be considered in postoperative surgical patients when the hemoglobin level is <8 g/dL. Red cell transfusion is not indicated in intensive care unit patients until the hemoglobin is <7 g/dL. | Adhere to a restrictive transfusion strategy (7-8 g/dL) in hospitalized stable patients even in the presence of pre-existing cardiovascular disease. Transfusion could be considered but only after evaluating the patient's clinical status. This same strategy is likely to apply to most medical patients with the exception of those with acute coronary syndrome. |
| Hemoglobin <7 g/dL | Red cell transfusion likely to be indicated. |  |
| Hemoglobin <6 g/dL | Red cell transfusion highly recommended except in exceptional circumstances. |  |

Administer red cells 1 unit at a time in non-urgent settings. The patient should be assessed (symptoms, clinical examination, hemoglobin level) before the administration of additional units.

Adults: 1 unit typically increases the hemoglobin level by approximately 1 g/dL and increased the hematocrit by 3%

Pediatric: 10-15 mL/kg typically increases the hemoglobin level by 2-3 g/dL

Hemoglobin equilibrates in 15 minutes after RBC transfusion (in a stable, non-bleeding or hemolyzing adult with compatible RBCs).