



Advancing Transfusion and
Cellular Therapies Worldwide

PATIENT BLOOD MANAGEMENT

Focus on Your Patient, Not the Transfusion

Statements to consider before transfusing a patient:

- A restrictive threshold (7.0-8.0 g/dL) should be used for **stable** patients
- Transfusion decisions should be influenced by clinical symptoms **and** Hgb concentration
- **Single** unit red cell transfusions should be the standard for **non-bleeding** patients
- Re-assess your patient **before** ordering any additional unit of blood
- Investigate and treat pre-operative anemia **2-4 weeks** prior to surgical procedures
- **Don't** transfuse red blood cells for iron deficiency without hemodynamic instability
- Transfusion of red blood cells or platelets should be based on the first laboratory value of the day unless the patient is bleeding or otherwise unstable.
- Avoid **unnecessary** blood draws. It only leads to unnecessary blood loss and transfusions

**For additional PBM resources and
information about the PBM Certification, visit
www.aabb.org/PBMresources**