

Transfuse Wisely

YOU Can Make a Difference



For non-bleeding, asymptomatic patients:

1 Follow **red blood cell** guidelines

- Transfuse 1 unit at a time with ongoing reassessment
- Blood is not usually needed if hemoglobin is >70 g/L or >80 g/L in patients with coronary artery disease
- Do not transfuse RBCs for iron deficiency



SaskBlood.ca

[SK Transfusion Best Practice Recommendations](#)

2 Follow **platelet** guidelines

- *Prophylactic* platelet transfusion is generally not required when platelets $\geq 10 \times 10^9$



[SK Transfusion Best Practice Recommendations](#)

3 Carefully consider **frozen plasma (FP)**

- FP does not improve a mildly elevated INR (<1.8) and is not indicated¹
- Correction of a mildly elevated INR or PTT before procedures is not recommended²
- Non-bleeding patients with cirrhosis or end-stage liver disease do not routinely need FP, including before low-risk procedures
- Use Prothrombin Complex Concentrates (PCCs) for reversal of warfarin, to treat life-threatening bleeding or before emergency procedures/surgery



[SK Prothrombin Complex Concentrate \(PCC\) Dosing Recommendations for Emergent Warfarin Reversal](#)

4 Do you **need** that blood test?

- Don't perform laboratory blood testing unless clinically indicated or necessary to diagnosis or management in order to avoid iatrogenic anemia

5 TXA for **hemorrhage control**

- Use tranexamic acid (TXA) early for trauma, traumatic brain injury, orthopedic, spine and cardiac surgery and obstetrical hemorrhage

For clinical consultation, call the Transfusion Medicine physician on-call at 306-655-1000 (Saskatoon/North SK) or 306-766-4444 (Regina/South SK)

1. Blood Easy 4 [Guide](#)
2. Choosing Wisely Canada Recommendations - [Transfusion Medicine](#)