



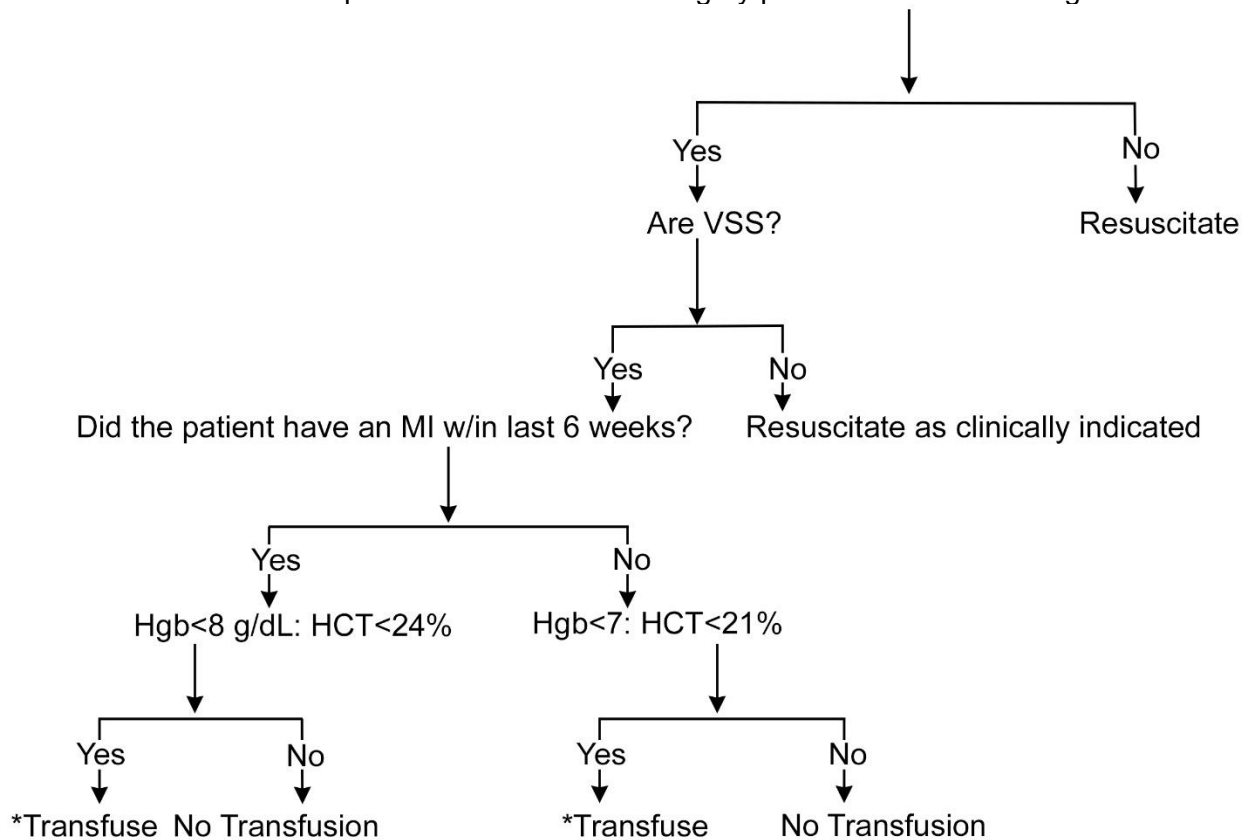
Post-Procedure Transfusion Guideline for Vascular Surgical Patients

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This protocol is a transfusion protocol focused on stable patients (excludes patients with acute ongoing blood loss), after 24 hours post-surgery, with the suggested hemoglobin (Hgb) < 7 for transfusion without any symptoms. The only relative indication for a higher Hgb threshold is a patient's recent myocardial infarction.

Considering Red Blood Cell Transfusion

Did the patient have a vascular surgery procedure > 24 hours ago



*Consider use of one unit RBCs which would raise the HCT by 3%

Summary: Transfusion of PRBC for vascular surgical patients should be done thoughtfully, given risks and costs and undetermined benefits outside of major hemorrhage or symptoms. The algorithm above is a culmination of the recent ABBA recommendations, with a threshold of ≤ 8 gm/dL for patients who suffered a recent MI (within 6 weeks) and ≤ 7 gm/dL for those without recent MI. There is no level I evidence for the threshold in at-risk vascular surgical patients, but an RCT is ongoing in the VA system. It is clear that patients with baseline anemia do worse with any given procedure, and transfusion is associated with worse outcomes. Consideration of causes of anemia should be determined, and consideration of preoperative iron to increase HgB in elective patients, if time allows.

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BMC2 Best Practice Protocols are based on consortium-wide consensus at the time of publication. Protocols will be updated regularly, and should not be considered formal guidance, and do not replace the professional opinion of the treating physician.

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