

Summary of recommendations

Leadership

The implementation of Patient Blood Management needs clinical leadership with strong support from Trust management.

PBM pathways

Hospitals should establish PBM multidisciplinary teams in collaboration with the Hospital Transfusion Committee (HTC). PBM pathways should be implemented as part of risk management and the WHO checklist should be used in a multidisciplinary PBM programme with integration into anaesthetic and surgical pathways.

Pre-operative

Hospitals should have a preoperative management pathway/protocol with clear stated arrangements for the following:

- Timely identification and treatment of anaemia before elective surgery
- Pre-operative haemostasis assessment with review and management of anticoagulant and antiplatelet therapy
- An individualised PBM strategy incorporating key interventions as below, proportionate to the anticipated blood loss
- Discussion with patients with explanation of risks, benefits and transfusion alternatives available

Intra-operative

- Hospitals should have protocols for the routine use of Tranexamic acid in surgery
- Use of cell salvage and near patient haemostasis testing should be in line with national recommendations

Transfusion triggers and protocols

- Hospitals should have protocols agreed between surgical, anaesthetic and transfusion teams for the management of major bleeding in surgery
- A restrictive transfusion threshold should be used for patients without active bleeding
- A single unit transfusion policy should be adopted as the 'standard practice' for blood transfusion

Patient information

Patients should be provided with information to support valid consent for transfusion (with retrospective information if emergency transfusion was needed during surgery).

Education & training

Education of all clinicians should be provided to ensure awareness of Patient Blood Management to support decision making around appropriate use of transfusion and alternatives.

Ongoing audit and monitoring of practice

Hospitals should undertake ongoing audit of PBM practice facilitated by the use of IT to collect data for regular feedback to clinicians. There is a need for the development of key performance indicators in relation to transfusion with benchmarking of practice.