Recommendations to Clinicians for Transfusion Practice During Blood Product Shortage
(and some even for everyday practice)

1. **Practice Evidence-Based Transfusion Medicine**
    a. Promote strict adherence to institution's Transfusion Guidelines
    b. Use lowest effective dose – transfuse one unit of RBCs or platelets unless patient actively hemorrhaging and unstable (including outpatient settings)
    c. Consider even lower RBC transfusion threshold (e.g. 6.5g/dL) in all non-bleeding, asymptomatic patients that can tolerate it
    d. Consider lowering prophylactic platelet transfusion threshold to 10K for all hematology/oncology patients
2. **Minimize Bleeding and Blood Loss**
    a. Minimize iatrogenic blood loss from frequent and/or avoidable lab draws in hospitalized patients
    b. Familiarize yourself with pharmaceutical hemostatic agents to minimize bleeding when indicated in active bleeding or surgical procedures (e.g. antifibrinolytics, PCCs, DDAVP, Vitamin K)
    c. Utilize point of care testing to assess bleeding (i.e. TEG, ROTEM, etc.) and help guide transfusion of appropriate product
3. **Identify Anemia Quickly, Then Treat**
    a. For patients with asymptomatic anemia, order iron studies and ferritin
    b. Consider use of IV iron in stable patients with anemia associated with chronic disease, iron deficiency, or acute blood loss (per pharmacy guidelines).
    c. Consider the use of erythropoiesis stimulating agents (ESA) where appropriate
4. **Expect Prospective Review of ALL Transfusion Orders**
    a. Review may consist of a quick chart review by pathologist prior to approval
    b. When transfusion request does not meet established guidelines or request is for a product in very limited supply, a phone call discussion will likely follow
    c. Contact transfusion service or lab medical director in advance to discuss unique situations to prevent delay
5. **Anticipate, Communicate, and Consult with Transfusion Service**
    a. Communicate when anticipate need for transfusion of multiple blood products for patient (e.g. prior to scheduling high blood loss surgical procedure)
    b. Coordinate transfusion needs in advance, if possible, for patients with special transfusion requirements (e.g. HLA matched platelets, irradiated product, known antibody patient)
    c. Screen for bleeding risks and optimize coagulation prior to invasive procedures
        i. Discontinue anticoagulants and antiplatelet drugs
        ii. Discontinue herbal supplements, some vitamins
        iii. Address genetic coagulation abnormalities
6. **Encourage Blood Donation**