



Blood shortages during COVID-19: YOU can make a difference

#1 Follow red blood cell guidelines

For non-bleeding, asymptomatic patients:

- **Transfuse 1 unit at a time with ongoing reassessment**
- **Blood is rarely needed when hemoglobin is > 70g/L**
- Do not transfuse RBCs for iron deficiency

#2 Follow platelet guidelines

- *Prophylactic* platelet transfusion generally not required when platelets $\geq 10 \times 10^9$
- *Therapeutic* platelet transfusion: varies with indication. Follow published guidelines -



[Transfusion Medicine – Medical Policy Manual: 5.2 Transfusion of Platelets to Adults](#) (BC)

#3 Carefully consider frozen plasma (FP)

- FP does not improve mildly elevated INRs (< 1.8) and is not indicated.
- Correction of mildly elevated INRs or PTTs before most procedures is not recommended¹.
- Non-bleeding patients with cirrhosis or end-stage liver disease rarely need FP (including pre-procedure).
- Use PCCs only for reversal of warfarin only when clinically indicated (bleeding or prior to high blood loss *emergency* procedure).

#4 Avoid iatrogenic anemia

Don't perform laboratory blood testing unless clinically indicated or necessary for diagnosis or management.



#5 TXA for Hemorrhage Control

Use tranexamic acid (TXA) early for trauma, TBI, orthopedic, spine and cardiac surgery, and obstetrical hemorrhage



If you feel well, please donate blood: www.blood.ca

1. Choosing Wisely Recommendations - [Transfusion Medicine](#)

2. Blood Easy 4 [guide](#)

3. ¹Society of Interventional Radiology Consensus Guidelines for the [Periprocedural Management of Thrombotic and Bleeding Risk in Patients Undergoing Percutaneous Image-Guided Interventions](#).