

Guidance for prioritisation of red blood cell transfusions

Governments cannot pre-determine the treatment of patients; this is the responsibility of the treating clinician. In some situations, it may be necessary to restrict transfusions to patients with the greatest need; this decision should be made by the clinician, within the framework and arrangements established by the institution. To support clinicians and institutions with these decisions the following high level guide is suggested, which in descending order of urgency, classifies patients into Blood Access Priority levels 1-3, with patients in Blood Access Priority 1 having the highest priority for transfusion¹.

Blood Access Priority 1

Resuscitation

- Resuscitation from life-threatening or ongoing blood loss from any cause, including major trauma and obstetric haemorrhage.

Surgical support

- Emergency surgery (defined as patient likely to die within 24 hours without surgery), including cardiac and vascular procedures.
- Urgent surgery (defined as patient likely to have major morbidity if surgery not carried out).
- Organ transplantation that cannot be deferred.

Nonsurgical anaemia

- Life-threatening anaemia, including patients requiring in utero support or in neonatal intensive care.
- Support for stem cell transplantation or chemotherapy that cannot be delayed.
- Patients with severe bone marrow failure, haemoglobinopathies or other conditions who cannot tolerate any delay in transfusion.

Blood Access Priority 2

Surgery and obstetrics

- Semi-urgent surgery (defined as patient likely to have minor morbidity if surgery not carried out).
- Cancer surgery that cannot be deferred without risk to the patient.
- Symptomatic, but not life-threatening, postoperative or postpartum anaemia.

Nonsurgical anaemia

- Symptomatic, but not life-threatening, anaemia (including postoperative) of any cause that cannot be managed by other means.

Blood Access Priority 3

Surgery

- Elective surgery requiring cross-matched red blood cell support of two or more units of homologous donor blood (refer to ANZSBT Maximum Blood Order Schedule).

Nonsurgical anaemia

- Other non-urgent medical indications for transfusion.

Notes for all priority levels

All priority levels must consider the following:

- Alternatives to transfusion (e.g. erythropoietin, iron therapy, red cell salvage).
- A reduction in target post-transfusion haemoglobin.

¹ These categories are suggestions only and are not mandated, it is the responsibility of the treating clinician and institution to determine the appropriate treatment of the patient based on available blood products.