



Prevent 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 and reassess
- Blood is rarely needed when hemoglobin is $> 70\text{g/L}$
- Do not transfuse RBCs for iron deficiency

#2 Follow platelet guidelines

- *Prophylactic* platelet transfusion generally not required when platelets $\geq 10 \times 10^9$
- Follow your hospital guidelines

#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 aPTTs before most procedures is not recommended
- Non-bleeding patients with cirrhosis or end-stage liver disease rarely need FP (including pre-procedure)
- Use fibrinogen concentrate (not cryoprecipitate) to replace fibrinogen in bleeding patients:
For obstetrics $< 2.5\text{ g/L}$ for all other patients $< 1.5\text{ g/L}$

#4 Avoid iatrogenic anemia

Don't perform laboratory blood testing unless clinically indicated or necessary for diagnosis or management in order to avoid iatrogenic anemia.

#5 TXA for Hemorrhage Control

Use tranexamic acid (TXA) early for trauma, traumatic brain injury (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](#).
4. The Ontario Contingency Plan for Management of Blood Shortages [Ontario Blood Contingency Plan](#)