TOP-FIVE RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

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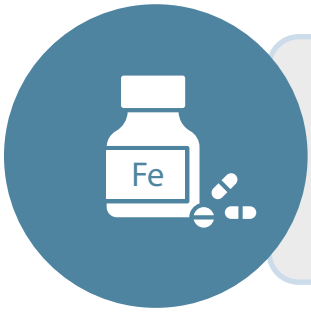
Australian & New Zealand Society of Blood Transfusion Ltd

1 Do not use peri-operative transfusion for otherwise reversible anaemia prior to elective surgery

Pre-operative anaemia is associated with worse post-operative outcomes. Peri-operative transfusion does not improve these outcomes. Patients should have their anaemia identified and managed prior to surgery.

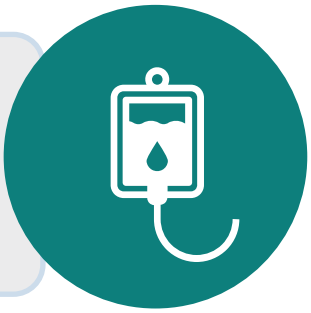


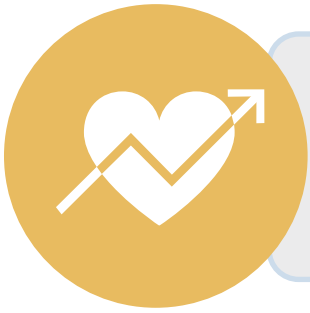
2 Do not transfuse red blood cells for iron deficiency where there is no haemodynamic instability

Stable patients with iron deficiency anaemia should be given oral and/or intravenous iron instead of a blood transfusion.

3 Do not transfuse more units of blood than necessary

Ensure every unit of blood has a clear indication for transfusion to maximise its benefit to the patient.
Minimise the risks by avoiding unnecessary transfusions as every unit of blood transfused can potentially cause harm.





4 Do not order a group and crossmatch when a group and antibody screen would be appropriate

Routine crossmatching blood increases total inventory, average age of transfusion and blood wastage, and creates extra work and costs.

5 Do not transfuse standard doses of fresh frozen plasma to correct a mildly elevated (<1.8) international normalized ratio prior to a procedure

Standard doses of FFP will not normalise an INR <1.8.
Consider the patient's and specific procedure's bleeding risk rather than relying on the INR.