

Appendix 4: Prioritisation of red blood cell transfusions

In some situations, it may be necessary to restrict transfusions to patients with the greatest need. In descending order of urgency, patients can be classified in Blood Access Priority 1-3. The patients in Blood Access Priority 1 have the highest priority for transfusion.

(Note: 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. NBSCP-National Blood Authority, 2008)

<u>Blood Access Priority 1 (Highest Priority)</u>
<p><i>Resuscitation</i></p> <ul style="list-style-type: none">▪ Resuscitation from life-threatening or ongoing blood loss from any cause, including major trauma and obstetric haemorrhage. <p><i>Surgical support</i></p> <ul style="list-style-type: none">▪ 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. <p><i>Non-surgical anaemia</i></p> <ul style="list-style-type: none">▪ 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.
<u>Blood Access Priority 2</u>
<p><i>Surgery and obstetrics</i></p> <ul style="list-style-type: none">▪ 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. <p><i>Non-surgical anaemia</i></p> <ul style="list-style-type: none">▪ Symptomatic, but not life-threatening, anaemia (including postoperative) of any cause that cannot be managed by other means.
<u>Blood Access Priority 3</u>
<p><i>Surgery</i></p> <ul style="list-style-type: none">▪ 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). <p><i>Non-surgical anaemia</i></p> <ul style="list-style-type: none">▪ Other non-urgent medical indications for transfusion.

Notes for all priority levels

For all priority levels consider the following:

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